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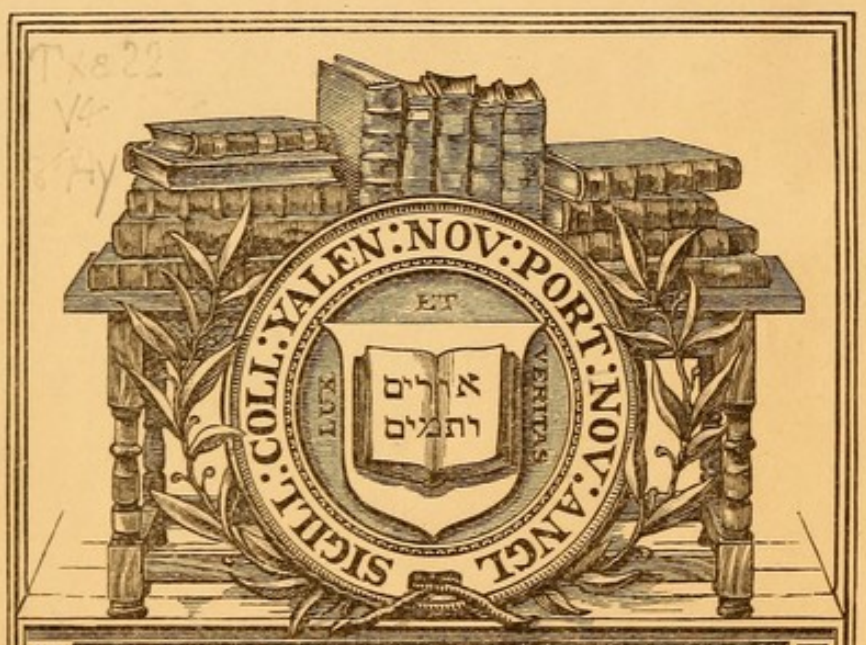
HOMŒOPATHY
IN
VENEREAL DISEASES.



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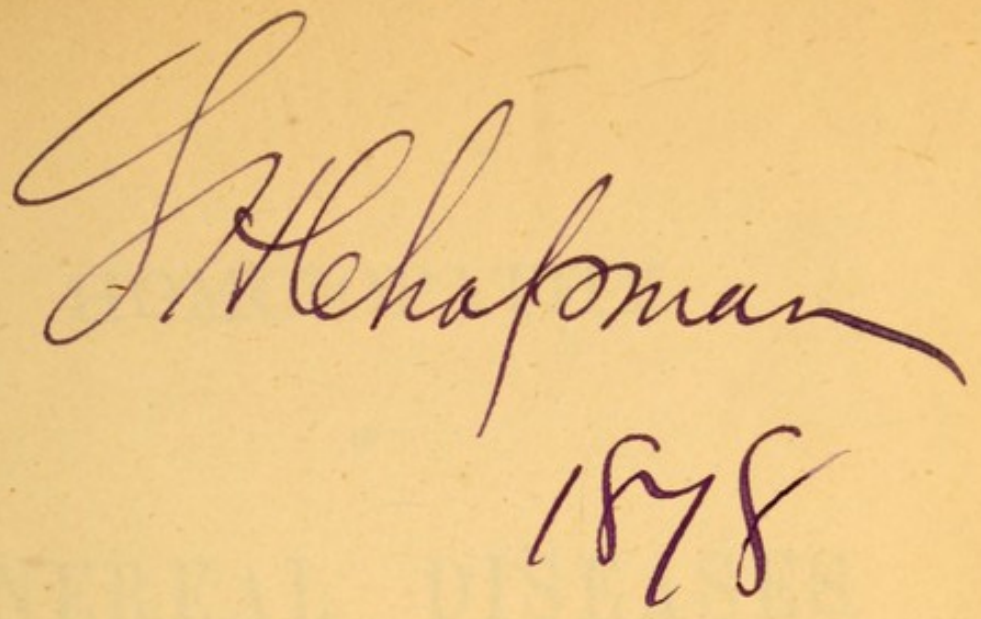

HOMŒOPATHY IN VENEREAL DISEASES.

EXTRACTS FROM REVIEWS OF THE FIRST EDITION.

"The present work is unmistakably the production of a practical man. It is short and pithy, and contains a vast deal of sound practical instruction. The diseases are briefly described; the directions for treatment are succinct and summary. It is a book which might with profit be consulted by all young and many old practitioners of Homœopathy."—*British Journal of Homœopathy.*

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HOMŒOPATHY

IN

VENEREAL DISEASES.

BY

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CONSULTING SURGEON TO THE LONDON HOMŒOPATHIC HOSPITAL;

FELLOW OF THE BRITISH HOMŒOPATHIC SOCIETY, ETC.

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PREFACE TO THE THIRD EDITION.

THE present edition will, it is hoped, be found, in all respects, an improvement on former editions of this work.

The sections on Condylomata, on Affections of the Brain and Spinal Cord, and of the Eye, and on Syphilis in Children, are entirely new. The division on Tertiary Syphilis has been, to a considerable extent, recast and expanded; and, throughout, the work has been revised and emended, in accordance with the writer's latest experience.

The author had a thought, at one time, of omitting the cases. Believing, however, that they act as a useful supplement to the body of the work, they are retained, with some additions of more recent date.

An Index is now, for the first time, added.

28, MOORGATE STREET, LONDON;
July, 1874.

PREFACE TO THE FIRST EDITION.

THE author does not profess to give, in this small volume, an account of all the ailments incidental to Venery. Such an undertaking would have carried him far beyond the object he has in view, which is, to place before his professional brethren the conclusions he has arrived at, from his own experience, in the homœopathic treatment of the common Venereal diseases.

English homœopathic literature is almost silent on these diseases. Following, in his earlier practice of homœopathy, the few scanty directions contained in 'Jahr,' the author found that the results were not so superior to those of allopathy as he had expected. Some modifications in the treatment were, evidently, necessary. Careful observation convinced him that those modifications must be made in the doses of some of the medicines administered internally, and in a more free employment of external remedies. For many years past he has adapted his practice to these views, and the results have been most satisfactory.

Those results are now submitted to the reader, in no dogmatical spirit, but in an earnest desire to assist in placing the treatment of these diseases on a more simple and rational footing than they at present occupy.

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HOMŒOPATHY IN VENEREAL DISEASES.

VENEREAL DISEASES.

The general term "venereal diseases" includes two entirely different disorders—the one called chancre, syphilis, the pox; the other gonorrhœa, or, vulgarly, the clap. These were formerly regarded as modifications of the same disease. Later observation has, however, clearly established the fact that the two complaints have their origin in two different poisons. They give rise to different symptoms, lead to different results, and demand different kinds of treatment.

The two diseases often coexist. They may be contracted at the same time, or the one may be superadded to the other. This should not be lost sight of in examining a patient affected with a

venereal disease. I have more than once known a discharge from a chancre, situated under a contracted foreskin, mistaken for gonorrhœa; and it is equally possible for the discharge from gonorrhœa to obscure a chancre. Hence it is indispensable, in all cases of venereal disease, to make a thorough and careful examination of the affected parts, and never to jump to the conclusion, because a patient has a clap, that therefore he has not a chancre as well. Oversights in this respect have led to the most serious consequences.

BALANITIS.

Before proceeding to the consideration of the true, infecting, venereal diseases, it is necessary to notice, briefly, an affection, which, partaking, at different times, and under modified forms, of the symptoms both of gonorrhœa and syphilis, may be confounded with either of those diseases. This affection is called balanitis, or balanorrhœa, and consists in inflammation of the mucous membrane which covers the glans penis and lines the prepuce.

Various causes produce this disorder—want of cleanliness, a heated state of the system, abrasion

during coition, the menstrual flux, and other irritating discharges from the vagina.

The symptoms are those of simple inflammation of a mucous membrane, and generally appear in the following order, viz.: itching, heat, redness; mucous, then mucopurulent, discharge; superficial ulceration. The irritation and discharge vary exceedingly in amount in different cases; in some, patches only of the membrane covering the glans penis become red, with but slight discharge; in others, the whole of this part of the membrane, as well as that lining the prepuce, will be found of the deepest red, swollen, and velvety, thrown into rugæ, and discharging large quantities of pus. In these latter cases the glands in the groin may become sympathetically affected, but they seldom or never suppurate. It is important to distinguish this disease from syphilis on the one hand, and gonorrhœa on the other. It is only where phimosis, congenital or acquired, exists, by which the secretions are retained under the foreskin, that there is any chance of its being mistaken for gonorrhœa. In this case the diagnosis may be decided by noticing the source of the discharge. To effect this, the cavity of the prepuce should first of all be well washed out with warm water, thrown up by a syringe. Then, retracting the foreskin so as to bring the orifice of the urethra into view, it will at once be seen whether any matter

escape from it: if so, the irritation is distinctly urethral; if preputeal, there will be no discharge for some time after the part has been cleansed.

Again, it is not always easy, at first sight, to distinguish the ulceration which sometimes attends balanitis, from that which ushers in an attack of syphilis. It is no uncommon thing for the first outbreak of chancre to be accompanied by a considerable amount of irritation of the parts, and the appearance of several small superficial ulcerations, and it is only after this irritation has subsided, that the real nature of the disease is declared, in the persistency, and subsequent course, of the syphilitic ulcer. It is, in fact, balanitis associated with syphilis, whether the former arise from the syphilitic, or gonorrhœal, or other morbid irritant. The balanitic irritation disappears, whilst the chancre remains until submitted to proper specific treatment.

The period at which the irritation appears after intercourse will, also, materially assist in determining its character. Balanitis arising from simple non-specific sources will often show itself within a few hours after the application of the irritant, whilst the venereal virus alone will seldom excite its specific ulcer in less than three or four days after sexual intercourse. In those cases which have not been preceded by sexual intercourse, there can, of

course, be no question as to the non-venereal origin of the disease. Here the cause will most probably be found in want of personal cleanliness, or in an inflammatory condition of the system.

Treatment.—This affection yields readily to appropriate treatment. Cleanliness is of the first importance, from whatever source the disease arise. In those cases—and they are by no means uncommon—which owe their existence to a collection under the foreskin of the natural secretion of the part, free ablution with tepid water, two or three times a day, will often alone effect a perfect cure. It is well, at the same time, to apply a piece of lint, or cotton wool, soaked in cold water, or weak *Calendula* lotion, or even dry cotton wool, under the foreskin, so as to keep the two opposed surfaces of the inflamed membrane asunder. It is well, also, to administer a dose of *Aconite* at bedtime, and a dose of the third decimal *Tincture of Mercurius corrosivus* twice a day; and strict abstinence from stimulating drink should be enjoined.

When phimosis accompanies balanitis, it is difficult, or impossible, to retract the foreskin for the purpose of cleansing the parts and applying a lotion. In these cases the discharge should be washed away with a syringe and warm water, and immediately afterwards weak *Calendula* lotion should be thrown

up in the same way. These means, combined with the administration of the medicines I have just named, have never failed, in my experience, to eradicate the disease. Should the phimosis be congenital, and the patient be annoyed with persistent discharge, the propriety of dividing, or circumcising, the foreskin, may be considered. Contemplated matrimony may render the operation desirable, but it is rarely, if ever, demanded by balanitis. The contraction which, temporarily, it may give rise to, subsides with the irritation.

GONORRHŒA.

By this term is meant inflammation of, and a discharge from, the urethra. The discharge may arise from leucorrhœa in the female, or other exciting agents, but, as a rule, it is contracted in intercourse with a person similarly affected.

Gonorrhœa, like other diseases, varies infinitely in its intensity and duration, in different subjects. One case, from first to last, will be so mild as scarcely to cause the patient any annoyance beyond the simple discharge; another will be attended with symptoms, both primary and sympathetic, of the

most painful description; and between these extremes cases of every degree of severity occur.

An average case of gonorrhœa presents four stages, viz.—

The first or initiatory stage, which lasts from twenty-four hours to a couple of days, and consists in a slight tickling, or tingling, at the orifice of the urethra, and the flow of a small quantity of thin transparent mucus, or milk-like discharge.

Secondly, to this succeeds the inflammatory stage, in which the lips of the urethra become red and swollen, the discharge becomes copious, thick and milky, yellow, or greenish; the act of micturition is attended with pain and scalding, whilst erections and chordee torment the patient at night. During this stage, also, the most distressing of the complications of the disease are apt to occur, such as irritation of the bladder, inflammation of the testicle, and of the prostate gland.

The third stage, viz. that of subacute inflammation, follows the subsidence of the foregoing acute symptoms. It is marked by slight irritation in making water, and the continuance of a discharge of yellow matter. This stage is apt to be protracted, and to result in the—

Fourth stage, or *gleet*, which consists in the recurrence, from time to time, of small quantities of discharge of a transparent, or, more commonly, of a

milky secretion. This stage is usually unattended by any pain or irritation. But for the stain on the shirt, the patient would be unconscious of anything abnormal. The discharge at this period is said to lose its infectious property; but, as the precise juncture at which this change takes place is uncertain, no person, having a discharge on him, would be justified in indulging his sexual passion, and thereby subjecting another to the risk of infection.

The susceptibility to gonorrhœa varies greatly in different individuals, and under different circumstances. Some persons hardly ever indulge in impure connexion without contracting gonorrhœa, whilst others, though not a whit more virtuous or careful, escape infection altogether. This greater liability to the disease in some persons than in others, is doubtless due to different degrees of natural sensitiveness of the mucous membrane lining the urethra. There is, also, an acquired insusceptibility to gonorrhœa. Repeated attacks render the mucous membrane of the urethra comparatively insensible to the gonorrhœal virus. The first attack is generally by far the most severe; whilst subsequent attacks are often attended with but little suffering or inconvenience.

Prognosis.—There are no points in the history of gonorrhœa on which it is more difficult to pronounce a positive opinion than on the probable course, duration,

and consequences of an attack. From some unseen cause or other, the most carefully weighed prognosis will often be falsified. One case will get well in a few days; another, in spite of the most careful treatment will assume the most aggravated character, develope all the complications of the disease, and hang about for months. A case of this description has recently been under my care. The patient was of a fair complexion and phlegmatic temperament. The attack continued in a mild form for some time; suddenly, inflammation of the prostate supervened; then the bladder became affected; to this inflammation of the testicle succeeded; and lastly, distressing irritation of the lower bowel. I have witnessed many such cases. A scrofulous constitution, and an irritable and nervous temperament, are the chief predisposing causes of these aggravated and obstinate attacks. It should, therefore, always be borne in mind, and the patient, if necessary, should be made acquainted with the fact, that however mildly an attack of gonorrhœa may set in, however promisingly it may for a time progress, it is a disease liable, at any moment, to serious complications, which, in the most skilful hands and under the best system of medicine, may protract the treatment to an almost indefinite period.

Treatment.—We have now to consider the most

important point in the history of gonorrhœa, viz. its treatment. It is here that the old and the new systems come into comparison. It is an interesting fact, that the practitioners of the old school have arrived nearer to the truth in the treatment of venereal than of any other class of diseases. All their principal remedies in these disorders are specifics; in other words, homœopathic remedies. Thus, mercury is the universally admitted specific for syphilis, and is used by the practitioners of both schools; and so also, copaiba, cubebs, and turpentine, are true specifics for gonorrhœa. The great difference consists in this: that the old school, whilst they cure their patients, poison them with enormous doses of the remedies; the homœopath, on the contrary, whilst he equally cures his patient, saves him from the painful penalties of the remedy, and, in addition to this, as we shall presently see, he possesses other remedies, of which the allopath is ignorant, or of which, at all events, he makes no use. Herein consists our great superiority. I have tested both systems in almost innumerable instances; and I admit of the one, that it will cure gonorrhœa, but it will do it in a sickening way; and of the other, I assert that it will cure gonorrhœa more speedily and effectually, and without a shadow of medicinal annoyance.

Aconite.—This medicine is indispensable in the

treatment of acute gonorrhœa. In the early stages of the disease, when the inflammatory symptoms are rapidly developed and run high, when the scalding is severe, the discharge copious, the erections at night frequent and painful, and when at the same time there are general febrile symptoms, then *Aconite* in five-drop doses of the first or second decimal dilution, should be given, either alone, or in alternation with another remedy, every four hours; and from time to time, in the later stages of the disease, as well as in the treatment of those complications to which we shall presently refer, this remedy is imperatively called for.

Mercurius corrosivus is one of the best remedies in the early stages of the disease, when the symptoms just detailed prevail. I am in the habit of prescribing it during the first week, in acute and first cases, in alternation with *Aconite,* giving them at intervals of four hours. It should be administered in five-drop doses of the third decimal dilution. These two remedies, *Aconite* and *Mercurius corrosivus,* will seldom fail to subdue the more violent symptoms, so as to prepare the way for other remedies; but, whilst they continue to do good, and no change in the character of the symptoms arises to call for a change of treatment, they should be continued. Other forms of *Mercury* are also recommended. My own experience leads me to

prefer the corrosive, as the most efficacious. I have frequently had occasion to give *Mercurius solubilis* for the cure of chancre combined with gonorrhœa, but have rarely known it exert even a modifying influence over the latter complaint.

Cantharis, as its marked action on the urinary organs would lead one to expect, is a medicine of undeniable power in the treatment of gonorrhœa. Its action extends to the whole urinary tract, from the kidneys to the urethra; consequently, in those acute cases in which a large extent of the membrane is implicated, when the irritation extends from the orifice of the urethra to the bladder, and there is scalding and burning along the passage, with frequent and painful urging to pass water, *Cantharis* is a chief remedy. It is found beneficial to alternate it with *Aconite*, in the same manner as described under the head of *Mercurius;* it is unnecessary to repeat it very frequently, or to administer it in a lower dilution than the first decimal. Of this, a five-drop dose of the tincture may be given every three or four hours.

Cannabis sativa is a remedy on which great reliance may be placed in the treatment of gonorrhœa. It comes in with excellent effect when the more acute symptoms have been mitigated by *Aconite* and *Mercurius*, or *Cantharis*, according as those medicines may have been required. There

may still exist considerable irritation in micturition, considerable swelling and redness of the orifice of the urethra, and copious white or yellow discharge. In this stage of the disease its action is often most satisfactory. To do any good, it must be given in palpable doses. I am in the habit of prescribing from five to ten, or even fifteen drops of the mother tincture three or four times a day. In my own practice, the dilutions have proved nearly, if not quite, inert.

Copaiba is another powerful homœopathic remedy in gonorrhœa. The old-school practitioners rely on it almost entirely in treating this disease, but, unfortunately, they prescribe it in such monstrous doses as to render it, in many cases, intolerable to the patient. It is strange that in this instance, as in the use of *Mercury* in syphilis, it has never occurred to them to adopt a middle course, and prescribe such modified doses as can be comfortably borne. This, in truth, is all that is required, for in such properly adjusted doses it is, unquestionably, one of the most efficacious of medicines in nearly every stage of gonorrhœa. In doses of from ten to twenty drops of the first decimal, or first fifth (one drop of *Copaiba* to five of spirit), it is unobjectionable in taste, and is followed by the most satisfactory results. *Copaiba* is directed in some homœopathic books to be given in the ordinary homœopathic dose. A

careful watching of its effects in many cases, where so administered, has satisfied me that in infinitesimal doses it is perfectly useless.

This opinion is supported by some interesting experiments made by Ricord, which go to prove that *Copaiba* acts, not dynamically, as most of our medicines are supposed to do, but by mixing with the urine, and so coming directly in contact with the diseased membrane. Ricord says:—"We have had occasion to treat gonorrhœa in patients who suffer under urethral fistula at two inches, or two and a half inches, from the meatus. In one of these cases blennorrhagia occurred in the vesical portion of the canal, but it spread itself forwards to the balanic region. The use of *Copaiba* caused the disappearance of the discharge in that portion of the urethra situated behind the fistula, viz. that which was under the influence of the urine. But the discharge from the portion anterior to the fistula, viz. that portion of the canal which did not come in contact with the urine, persisted. Injections caused its disappearance. Another patient, affected with a fistula in the same region, was able to make water through the meatus, by lowering the penis so as to bring the edges of the fistula in contact, but on raising the organ the fistula became open and allowed the passage of all the fluid. The patient came under my care on account of a blennorrhagia,

which occupied the whole length of the urethra, and, without any injury to him, we profited by his affection to clear up our doubts on the mode of action of *Copaiba*. After giving him *Copaiba*, we desired him to evacuate the whole of the urine by the fistula; at the end of some days the discharge from that portion of the canal placed behind the fistula had disappeared, but it continued in the portion in front of the fistula. The use of *Copaiba* was continued, and the patient desired to allow the water to pass all along the canal as he made water, in fact by the meatus; the discharge from the spongy portion of the urethra disappeared like the other."

These facts appear to me conclusive as regards the action of *Copaiba;* and to offer a useful suggestion concerning the dose and *modus operandi* of some other homœopathic medicines—*Cannabis*, for example—in the treatment of gonorrhœa.

Thuja is a remedy closely allied in its action to *Cannabis*, and may be prescribed in the same class of cases, and at the same stages of the disease, as that remedy. It is said to be particularly indicated if, during or after the existence of discharge, warty growths present themselves on the corona glandis, or foreskin. This I believe to be a misconception. These warts are purely products of irritation set up by the discharge retained under the foreskin. This

is proved by the fact that they never trouble Jews, who have no prepuce, and rarely men who habitually wear that organ retracted. No medicine that I have ever employed has had any perceptible effect in checking these growths, without proper local treatment. This consists in the application of *Lunar caustic* or pure *Nitric acid,* and in covering them with dry cotton wool, which starves them, by soaking up the moisture on which they live and grow.

The foregoing are the medicines on which, in the vast majority of cases, reliance may be placed in treating acute gonorrhœa. I have seldom found it necessary to travel beyond them. Yet, cases do sometimes happen in which, from the obstinacy of the disease, or from the prominence of some particular symptom, it is found requisite to employ other medicines. The chief of these are *Sulphur,* as an antipsoric in intractable cases, occurring in scrofulous constitutions; *Capsicum,* when the burning along the urethral canal is intense; *Nux vomica,* when the digestive functions are disturbed, and when the irritation extends to the rectum, causing frequent and distressing urging to stool, with the protrusion of piles. Five drops of the first or second decimal dilution of these medicines may be administered every four hours.

Other medicines recommended are—*Agnus castus,*

Argentum nitricum, Cubeba, Ferrum, Mezereum, Petroselinum, Pulsatilla, Rhus tox. I have occasionally employed some of these, but not with any very decided results, excepting from *Cubeba,* which, in the form of powder, or the mother tincture, may be employed in some cases with advantage when *Copaiba* fails.

Injections.—Local applications in the form of injections, though repudiated by homœopathic authors generally, appear to me indispensable in the treatment of some cases of gonorrhœa. The prejudice against them is based, in the first place, on the groundless fear of causing stricture; and secondly, on the equally erroneous notion that they are anti-homœopathic. The former of these objections I believe to be totally unsupported by facts. The common cause of stricture is that chronic irritation which follows an acute attack of gonorrhœa, in which the whole course of the urethra, from the orifice to the bladder, is implicated. The speedy cure of this irritation is the greatest safeguard against stricture; and it is beyond a question that injections, used with care and at the proper time, afford the readiest means of accomplishing that object.

The second objection, viz. that injections are un-homœopathic is equally untenable. On the contrary, they appear to me to be truly homœopathic

in their action. Gonorrhœa is inflammation of the urethra. Injections should be weak and unirritating solutions of medicines, which, in their concentrated form will, when locally applied, produce inflammation of the urethra. If this is not homœopathy, what is it? I do not take it that homœopathy accepts only the symptoms in the proving of a medicine which arise from its internal use, and rejects those caused by its external application. And even if it were so, a case of gonorrhœa, in the speedy cure of which interests of the deepest import to the patient are often involved, is the last over which it would become the medical man to split straws on points of doctrine. The only question he has to consider is, by what means he can most speedily and safely cure his patient? The rejection of the valuable assistance which injections afford, would place the homœopathic practitioner at a great disadvantage in treating gonorrhœa.

Injections, like all other remedies, to be efficacious, must be well timed and well chosen. As regards the former of these points, there are two periods in the course of an attack of gonorrhæa in which injections are admissible, viz. the earliest or initiative stage, and the later or subacute stage. The former of these extends over the first twenty-four or forty-eight hours, and comprises that period when there is simply slight itching, and perhaps

some mucous discharge, and before the more acute and inflammatory symptoms have had time to develop themselves. At this juncture an injection of a mildly astringent character, *used frequently,* will sometimes succeed in arresting the further progress of the disease. I do not here recommend, or approve, the violent caustic lotions which the allopathic school employ under the unfortunately appropriate name of "the abortive plan;" neither do I think that, as a rule, injections should be used in the early stage of first claps, which are generally much more acute than subsequent attacks, and which, in spite of all that can be done to check them, will almost invariably pass through the regular stages of the disease. But, in those cases in which the symptoms are mild from the commencement, which manifest no disposition to become acute, which occur in phlegmatic constitutions, and in which the patients have been previously affected, injections may be advantageously employed from an early period of the disease. Not only do they, under such circumstances, not aggravate the disease, but they contribute to a much more speedy cure than could be effected by medicines alone.

The second period in which injections are admissible, is that which succeeds to the inflammatory stage of acute attacks. It is here that injections find their most appropriate place. Great caution,

however, should be observed not to inject too early. As a rule, the inflammatory symptoms should all have subsided. There should be no scalding or irritation of the bladder, and the discharge should have sensibly diminished. The disease should, in short, be decidedly on the wane. They are then both safe and necessary. Employed earlier, they may increase the existing irritation, and render the membrane insensible to their action when, at a later period, their employment might be indicated.

As regards the composition of injections, this is a point which must be decided by the experience of the medical man. The medicines suitable for the purpose are various. I am myself in the habit of employing mainly the two following, viz. infusion of *Hydrastis Canadensis*, and the *Liquor Plumbi diacetas*. Both of these are excellent remedies, and they appear to be very similar in their action. I use them almost indifferently, substituting the one when the other fails. Properly diluted, they are unirritating, and simply soothing and curative in their effects. I generally order half a drachm of the *Liq. Plumbi* to two ounces of distilled water; and the infusion of *Hydrastis* in the proportion of an ounce of the drug to a pint of water. I have frequently succeeded in curing, by means of one of these injections, or even by cold water alone, discharges which had resisted the use of the strong injections ordi-

narily employed by allopathic surgeons. The mode of injecting is a point worthy of attention. The syringe should have a good long nozzle, with a bulb at the tip, and should be well inserted into the urethra. The injection should be retained for two or three minutes, by compressing the penis between the finger and thumb of the left hand, whilst the instrument is withdrawn with the right. It is well to try the effect of the injection every night in the first instance, and if it agree, to repeat it more frequently afterwards, if necessary.

During an acute attack of gonorrhœa, the patient should live on light and unstimulating food, and strictly abstain from all stimulating drinks, and, as far as practicable, avoid active exercise. Nothing favours recovery from an attack of this kind more than perfect quietude in the recumbent posture.

Gleet—Consists in the continuance, after all inflammatory symptoms of gonorrhæa have subsided, of a discharge from the urethra, of a fluid varying in colour and consistency—being in one case simply mucous, in another, purulent. The quantity is generally small, often not more than a few drops in the course of twenty-four hours; whilst at times it ceases entirely for days together, returning without assignable causes, or in consequence of some ex-

citement in the way of diet, or exercise. Though most commonly the result of an acute attack of gonorrhœa, mild cases of that disease, also, not unfrequently run on, and assume the true characters of gleet.

The sources of this discharge are various. In some cases it issues from the *Lacuna magna*, situated a short distance up the urethra. When that is the case, a drop of the discharge may almost at any moment be obtained—provided the patient has not recently passed water—by squeezing the end of the penis. In other cases it may proceed from chronic relaxation of the membrane higher up the passage towards the bladder, or from the prostate gland, or, more commonly still, from a stricture. This last point may be determined by exploration with a full-sized bougie. If no stricture exist, and the drop, as I have just described, cannot be squeezed from the orifice, and if injections used in the ordinary way fail to arrest the discharge, we may infer that the disease has its origin in some irritation or relaxation of the deeper-seated portions of the urethra.

The treatment of gleet must be both general and local.

The general treatment consists in the exhibition of such medicines as tend to allay irritation, and restore the healthy tone of the urinary passages. Of these

the most appropriate are the following:—*Cantharis, Ferrum, Hydrastis, Mercurius, Nux vomica, Pulsatilla, and Sulphur.* A variety of other medicines have been recommended, but the foregoing are those from which experience has taught me to look for the most decided effects. The symptoms of gleet, irrespective of the discharge, are of so negative a character, that it is difficult to lay down any precise rules for the choice of any particular remedy. The selection must be determined as much by the constitutional, as by the local, symptoms. Gleet is very commonly found associated with a depressed state of the general health. In this case, *Nux vomica,* and *Sulphur,* will be found of the utmost service. I have frequently witnessed the entire disappearance of the discharge, under the steady use of these two remedies. In cases where *Mercury* has been deemed necessary, I have found *Cinnabaris* the most useful preparation. *Pulsatilla* is a good remedy in chronic affections of the urinary organs, and is well suited to phlegmatic and scrofulous constitutions. *Ferrum* in the form of *Tinct. Ferri Sesquichlorid.,* is at times efficacious in gleet occurring in debilitated constitutions. Whatever the remedy, it should be persevered with steadily; and in all cases it is desirable to combine with medical treatment the invigorating influence of change of air, temperate and nutritious diet and the practice of local or general bathing with

tepid or cold water, according to the powers of the patient. The medicines just named should, as a rule, be given in palpable doses: a few drops of the matrix, or first decimal.

Of all the stages of gonorrhœa, gleet is that which is most benefited by injections. Indeed, there are many cases in which all other means without this seem powerless. If the disease be confined to the *Lacuna magna*, an injection used in the ordinary way will answer every purpose. If the discharge originate in irritation higher up the urethra, the injection should be applied by means of a catheter of sufficient length to reach the affected part. The distal end of the instrument should be pierced with two rows of small holes, through which the injection, thrown up from an elastic syringe, may escape, and come in contact with the affected membrane. The disadvantage of this mode of injecting is this, that it cannot conveniently be accomplished by the patient himself, and necessitates daily attendance on a medical man. It is, therefore, better suited to hospitals than to private practice. The injection, when applied in this way, should be very mild, inasmuch as the deeper seated portions of the urethra are more sensitive than those nearer the outer orifice.

Chronic thickening of the lining membrane of the urethra, in some cases amounting to stricture, in others to mere irregularity of the canal, is a com-

mon source of gleet; and the restoration of the passage to its normal size, by the careful introduction of a bougie, is the proper mode of curing the discharge. When, therefore, after a fair trial, all efforts to arrest the discharge by medicines fail, a bougie should be introduced, and the passage explored. It may be that no well-defined stricture will be detected, but only a halting in the progress of the instrument, as if passing over some irregularities. These cases, equally with completely formed stricture, yield to the use of the bougie. The mere contact of the instrument seems to bring about a new and healthy action in the membrane. It is sufficient to repeat the operation every third day or, in some cases, once a week, and the instrument should be allowed to remain not less than from ten to fifteen minutes; a more frequent introduction is apt to set up irritation in the passage.

Appropriate medicines, such as I have before indicated, should at the same time not be omitted.

COMPLICATIONS OF GONORRHŒA.

By this term is meant, those affections which, forming no essential part of gonorrhœa, yet owe

their origin to that disease, and require distinct treatment. The chief of these are, irritation and inflammation of the bladder, of the testicle, and of the prostate gland, phimosis, chordee, and erysipelas of the penis.

Irritation of the Bladder.—This is a common, and, at times, a very obstinate and distressing accompaniment of gonorrhœa. Few acute cases are entirely free from it. It commonly comes on early in the disease, being coincidental with the most inflammatory stage of the attack. Its leading symptom is a painful, and, in some cases, an almost incessant urging to pass water; and the suffering is often greatest the moment after the bladder has been emptied. The urine is often loaded with mucus, and, in some cases, is intermixed with blood. In milder cases there is simply a slightly increased frequency in the desire to micturate, or, it may be, a suddenness only in the call, when it occurs at the regular intervals. In the severer cases the patient complains of a constant aching pain in the region of the bladder, and there is evidence of general constitutional disturbance, in accelerated pulse, loss of appetite, and sense of weakness. It may be questioned whether these severer symptoms ever exist independently of inflammation of the prostate gland.

Treatment.—The remedy for the original disease will often be the most appropriate for this; yet if the patient is not at the time taking *Cantharis*, that medicine, in five-drop doses of the first decimal tincture, in alternation, every two hours, with a like dose of *Aconite*, should be administered. These two remedies will seldom fail to subdue the more violent symptoms, even if they do not entirely allay the irritation. When these fail, *Belladonna* may be had recourse to with great advantage. Four drops of the first or second decimal dilution every two hours should be given. *Mercurius corrosivus*, *Nux vomica*, *Pulsatilla*, and *Sulphur*, are also useful remedies in obstinate cases. The *Spirit of Camphor*, in five-drop doses, in water, repeated every two or three hours, will sometimes afford speedy relief from violent and spasmodic urging to make water.

A warm linseed-meal poultice applied to the perineum, sometimes affords great relief.

Phimosis.—This is not a frequent effect of gonorrhœa, and when it does occur, it is of slight inconvenience, being much less complete and obstinate than when it results from chancre. In some rare cases, however, the foreskin becomes thickened and constricted, and difficult to be retracted, and the discharge may accumulate under it and irritate the

glans penis. This occurs more frequently, however, in cases of congenital phimosis. In either case, the discharge should be washed away from under the prepuce two or three times a day, by means of a syringe and warm water, and the end of the penis may be enveloped in wet rag and covered with oil-silk. The remedies which cure the gonorrhœa will cure the phimosis also, if it be not congenital.

ERYSIPELAS OF THE PENIS.—Not uncommonly, during the earlier and severer stages of gonorrhœa, the prepuce and integuments of the body of the penis, are attacked with erysipelatous inflammation. The whole organ becomes red, inflamed, and swollen. The patient is often much alarmed at this condition; it is, however, attended with but little pain or inconvenience, beyond the the bulkiness of the organ. It yields readily to the exhibition of *Belladonna* and *Apis*—administered in five-drop doses of the second decimal dilution of the tincture, every four hours, alternately with any other medicine which the patient may be taking for the gonorrhœa. It is well here, also, to envelope the penis in wet cloths, under oil-silk.

CHORDEE, and other erections, which occur during

the acute stage of gonorrhœa, though not otherwise important, often harass and distress the patient at night, and prevent sleep. When this is the case, his diet should be simple and spare, he should lie lightly covered; the penis should be wrapped in cloths soaked in cold water, to which a few drops of the mother tincture of *Aconite* may be added, and a drop of the third decimal tincture of the same medicine should be taken two or three times during the night, if required. I had recently under care a case of distressing priapism. It occurred in a remarkably sensitive patient, after he had recovered from a protracted attack of gonorrhœa. The erections came on after his first sleep, and tormented him for the rest of the night. Internal medicines, and external applications alike failed. Some relief was ultimately obtained by the most cautious and gentle introduction, every third day, of a conical shaped elastic bougie. As, however, this annoying condition is generally associated with inflammation of the prostate gland, or seminal ducts and vesicles, its subsidence can scarcely be looked for until those affections are removed.

Inflammation of the Testicle—Orchitis.—This is one of-the most severe and painful of the concomitants of gonorrhœa, and may supervene

either during the acute or chronic stage of that complaint. One of its earliest symptoms is, often a hard, stunning headache. This will sometimes come on and last twenty-four hours before any signs of the local disease are manifest; and when, in the course of an attack of gonorrhœa, this symptom is complained of, the surgeon should be on the watch for that which is in all probability about to succeed—an attack of orchitis. This headache is, however, only occasional. The constant symptoms are, pain, swelling, and extreme tenderness of one of the testicles. The organ continues to swell during the first two or three days, and sometimes attains to the size of a small closed fist. There is generally redness of the scrotum, and often pain in the spermatic cord, extending from the testicle up the groin and round the loin of the affected side, and the cord becomes much thickened. A case was admitted into the London Homœopathic Hospital under my care, in which the swelling assumed many of the characters of scrotal hernia, and the swelling of the testis having subsided it might have been mistaken for that disease, but for the fact that the man still had the remains of an attack of gonorrhœa.

The pulse in these cases is small, quick, and jerking; there is shivering, thirst, and loss of appetite.

The discharge from the urethra generally becomes greatly diminished, or ceases altogether, during the

height of the attack. It commonly returns to some extent, as the inflammation of the testicle subsides; occasionally, however, the disease exhausts itself in the attack on the testicle, and does not reappear in its original seat.

Treatment.—As regards the treatment of inflammation of the testis, there is nothing more surprising and satisfactory in the circle of medical practice, than the certain and powerful influence exercised over this complaint by homœopathic remedies. It is difficult for the medical man, who understands the nature, intensity, and obstinacy of the disease, to credit the effects of these remedies, without witnessing them. They are the more striking when viewed in contrast with the treatment under the old *régime*. See a man in the latter situation. Here is the programme:—Purgatives to empty the bowels; tartar emetic to make him sick; the lancet, or leeches to relieve him of his blood; calomel and opium to make his mouth sore; fomentations, astringent lotions! This is no exaggeration. I well remember some such cases occurring in my early allopathic practice, and to which I was professionally accessory: cases which dragged their weary length along under the burden, rather of the remedies than of the disease. As I have said, the contrast between this and the effects of homœopathic medicines is something

really wonderful. It would not be correct to assert that all our cases recover with equal facility and rapidity. In these respects they differ, like all other diseases. But, the worst present no difficulties which are not thoroughly amenable to homœopathy.

Aconite is the chief remedy. It should be commenced as soon as the first symptoms of the disease declare themselves, and be continued for twenty-four or thirty-six hours, in five-drop doses of the second decimal dilution, every three or four hours. This medicine alone will, in many cases, effect a complete cure. It is well, however, after the constitutional and more urgent local symptoms have been subdued, to have recourse to

Pulsatilla.—I prefer the first or second decimal dilution, and it should be repeated every two or three hours. It may be found necessary to administer an occasional dose of *Aconite*, whilst the patient is under the action of *Pulsatilla*. These two remedies rarely fail to afford speedy relief. They should not be relinquished too hastily, if the amendment is not so rapid as the surgeon might at first expect. In the end, the cure will be effected earlier, than if he run impatiently from one remedy to another.

During the height of the attack the patient should remain in the recumbent posture, and live on fever diet. The scrotum may, at the same time, be

advantageously wrapped in cold water cloths. When he gets up he should support the testicles in a suspensory-bag. The swelling of the gland, which remains as a temporary effect of the inflammation, will subside of itself in the course of a few days, or its reduction may be expedited by the exhibition of *Mercurius* and *Sulphur*.

I have rarely found it necessary to resort to any other than these two remedies, viz. *Aconite* and *Pulsatilla*; yet, as might be anticipated, some peculiarity of constitution, or other circumstance, will occasionally modify a case in a manner to demand a modification of treatment. Thus, I have treated cases in which, *Aconite* and *Pulsatilla* failing to subdue the excessive pain of the testicle, almost immediate relief has been obtained from the use of *Belladonna*; and others of a very aggravated nature, in which *Aurum* was of the most essential service.

Belladonna is suited to those exceptional cases, in which there is great sensitiveness of the nervous system, and intolerance of pain, and in which the pain partakes of the character of neuralgia. The dose should be the same as that of *Aconite*.

Aurum is indicated also by neuralgic pains, affecting the cord more prominently than the testicle. These pains are sometimes very distressing. The cord becomes palpably enlarged, and may be felt two or three times its natural size, the enlargement

being more marked up towards the abdominal ring. In these cases a great deal of ease is often afforded by the application of an *Arnica* lotion, or of warm linseed-meal poultices, to the painful region. The following remedies have also been recommended in this disease, and may be consulted, viz. :—*Cannabis, Mercurius, Clematis, Nux vomica, Spigelia, Staphysagria, Sulphur, Acid. nitricum, Cantharis, Cocculus, Colocynth, Arsenicum, Baryta carbon., Spongia, Mezereum.*

Inflammation of the Prostate Gland.—This, though not so frequent a complication of gonorrhœa as the foregoing, is a troublesome and painful complaint. It is seldom seen except in attendance upon those acute and obstinate cases which occur in scrofulous and irritable constitutions. The inflammation in these cases, commencing at the orifice, speedily runs up the passage to the bladder, involving the prostate in its course.

The symptoms of this affection are, a heavy pressive aching in the perinæum, extending often to the rectum, and causing an ineffectual urging to relieve the bowel. Pressure over the prostate is intolerable, and the patient is unable to sit. The gland swells, and may be examined per anum, and felt also externally. Superadded to these symptoms, there are, at

times, irritation of the bladder, and obstruction, more or less complete, to the flow of urine, and occasionally there is the admixture of blood with that fluid. The discharge from the urethra, as in orchitis, sometimes diminishes greatly, or ceases altogether, whilst the disease in the prostate remains active. This complaint, like all glandular affections in scrofulous subjects, is often very intractable and obstinate. The active symptoms subdued, the disease lapses into the chronic, subacute, state.

Suppuration is not an uncommon consequence both of acute and chronic prostatitis. In the former the symptoms are active and pronounced, causing intense pain, great constitutional disturbance, sleepless nights, and retention of urine. I treated such a case some time ago. The patient, a young man of sensitive temperament, suffered an agony for about a week. There was retention of urine, demanding the introduction of the catheter, which, under the circumstances, was exceedingly painful. The bursting of the abscess, and the discharge through the urethra of about a table-spoonful of pus, gave immediate relief. The subsequent recovery was rapid and complete.

Chronic suppuration is a more prolonged process, and attends upon chronic inflammation of the gland. The case may appear for a long time to waver between resolution and suppuration. At length a

rigor removes all doubt as to the formation of matter, and thenceforth the progress of the case is apt to be long, wearying, painful, and exhausting. Such a case was under my care some years since. The patient was about twenty-five years old, dark, spare, and scrofulous. He had a severe and very troublesome attack of gonorrhœa, attended from an early period with unmistakable symptoms of prostatitis. These resisted all remedial measures, both internal and external. Matter formed, and after prolonged and intense suffering, pointed externally in the perinæum. A free opening was made, and as much as half a pint of matter at once evacuated. The urine was discharged for some days through the opening, just as after the operation for lithotomy, but, as the abscess healed, it resumed its course through the proper channel.

Treatment.—This consists in a strict observance of the recumbent posture, unstimulating diet, the constant application of cold-water compresses, or hot linseed-meal poultices, to the perinæum, warm hip baths, and the administration of medicines, of which the following are the most appropriate, viz. *Aconite, Mercurius, Belladonna, Pulsatilla,* and *Sulphur,* and, ultimately, *Iodium.* The first two should be given in alternation during the active stage, in doses of five drops of the second or third decimal dilu-

tion, at intervals of four hours; they may safely be continued for three or four days. The disease is obstinate, and no good will arise from a frequent change of remedies, even though little or no progress in the cure seems to be made. We are apt to overlook the character of the disease, and to be impatient to obtain decided and striking effects. Such effects do undoubtedly follow in many acute diseases; but if they are expected in the affection now in question, the expectation will almost infallibly be disappointed. The patient should be warned, at the outset of the attack, that it will probably be tedious. He will then submit with greater calmness and resignation to the necessary treatment, and the surgeon will be spared the harassing anxiety to which he would otherwise be exposed, on account of the seeming inertness of his remedies.

After the steady use of *Aconite* and *Mercurius,* in alternation, as before directed, and then *Mercurius solubilis* alone, once in six hours, *Pulsatilla* may be resorted to. This medicine should be given every four or six hours, in five-drop doses of the first decimal, during the day, the *Aconite* being repeated at bed-time, and again in the course of the night, if the patient is feverish and restless. I may here state that, instead of alternating medicines every dose, it is often preferable to give one kind during the day, and the other during the night. Medicines

are less interrupted in their action, and each one has a better opportunity of producing its specific effect, when given in this way, than when changed more frequently. I may add that I have recently obtained excellent results in acute cases from the alternate administration, at short intervals, of the *Mother Tincture of Sulphur*, and the third decimal of *Mercurius corrosivus*.

The more active symptoms having been subdued by the foregoing medicines, *Kali hydriodicum* comes in with excellent effect, in controlling the subacute and chronic stage of the disease, which is apt to succeed. It should not be given in too minute a dose. I have, myself, obtained the most marked results from one-grain doses of the salt every four hours. *Thuja*, *Argentum*, *Aurum*, *Calcarea*, and a host of other remedies, are quoted as applicable to this complaint. They may occasionally be useful, but I am satisfied that we do better by adhering steadily to a few well-tried medicines.

If suppuration take place, the matter may discharge itself either into the urethra or rectum; or the cellular tissue surrounding the gland may become implicated, and matter may form and point in the perinæum. In this case it must be evacuated with a lancet, as soon as fluctuation can be detected. The patient's powers, which will be

severely taxed, must be sustained by generous and nutritious diet.

STRICTURE.

By this term is meant, a narrowing of some portion of the urethra, by which its capacity is lessened, and the flow of urine from the bladder impeded. The common cause of stricture is the inflammation attendant upon those acute cases of gonorrhœa in which the whole length of the urethra is involved; and if the constitution of the patient be bad, and the recovery slow, chronic inflammation supervenes, and permanent thickening of the lining membrane is the result. The stricture may be situated in any part of the urethra, but its most common seat is the membranous portion, just under the symphisis pubis. There may be one or several strictures, and the whole, or a portion, only, of the circumference of the canal may be implicated. In some cases a thin band only of the lining membrane will be stretched across the canal; in others, the strictured portion will occupy as much as half an inch of the length of the urethra. The symptoms vary in severity with the degree of stricture. The

earliest symptom is, ordinarily, an increased frequency in the desire to empty the bladder, or the retention of a few drops of urine, which dribble away afterwards; and, on cooling, the urine deposits a cloud of mucus. The obstruction in voiding urine increases with the growth of the stricture, and the stream becomes smaller, twisted, and split. In almost every recent case there is, also, a gleety discharge. Indeed, the obstinate persistence of this discharge, is one of the most unfailing signs of the existence of stricture. In aggravated, and long-standing, and neglected cases of this complaint, the patient's sufferings are sometimes truly distressing. The irritation extends to the other urinary organs—the bladder becomes disorganized by the action of offensive ammoniacal urine, from the irritating presence of which it is never free, and ultimately the kidneys become involved in the destructive process. The patient is constantly impelled to fruitless efforts to empty the bladder, his rest is thereby broken, his appetite fails, his general health becomes broken, and unless timely relief is afforded, hectic succeeds, and he sinks under an accumulation of evils. An instance of this kind, though, happily, fortunate in its termination, will be found amongst the cases at the end of this section.

What is called spasmodic stricture seems to be simply an aggravation of an already existing stric-

ture, by some exciting cause, such as sudden cold, over-indulgence in alcoholic drinks, and the like.

Treatment.—The indications are, to reduce any existing inflammation, and to restore the passage to its normal size.

In some recent cases, in which the obstruction to the free flow of urine depends on simple tumefaction of the membrane, medicines alone will suffice to remedy the evil, or at least so far to reduce it, as to render the most limited employment of instruments sufficient. Of these remedies, *Aconite* and *Cantharis* are, in my experience, the most efficacious. They are suited to those cases in which there is pain and tenderness along the course of the canal, frequent desire to micturate, and, commonly, some purulent discharge. In such cases, I am in the habit of giving five drops of the first decimal *Tincture of Aconite* at bedtime, and a like dose of *Cantharis* twice a day, restricting the patient, at the same time, to unstimulating food and drink. The application of a cold-water compress to the perinæum is also serviceable. After the foregoing medicines have answered their purpose, a course of *Mercurius* and *Sulphur* should be adopted, giving five drops of the third decimal tincture of the former twice a day for a week, and following it with the *Mother Tincture of Sulphur*, in the same manner.

In more permanent stricture, depending on deeper seated organic changes, mechanical measures must be superadded to the above treatment. These measures consist in dilatation of the passage, cauterization, and division of the stricture. In some long-standing and intractable cases, where the stricture becomes firmly organised, or even cartilaginous, recourse may be had to Holt's dilator. By one introduction of this instrument the stricture is thoroughly broken up, and the passage thus effected is maintained by the subsequent introduction of full-sized catheters. This operation is a valuable addition to our surgical resources. Happily, recourse to these severe expedients is rarely necessary. Dilatation by the careful use of the catheter and bougie, will generally prove successful in restoring the passage to its normal size. The one or the other of these instruments should be introduced about every third day, or at farthest once a week, and it should be retained in the urethra for a space of ten or fifteen minutes; a longer retention is apt to distress the patient and set up inflammation in the passage. The size of the instrument must necessarily vary with the amount of contraction in each case. It is well to make the first exploration with a full-sized bougie, and then, if it will not pass, commence the treatment with a smaller instrument, and gradually increase the size as the cure pro-

gresses, introducing first of all, on each successive attempt, the same sized bougie that was last used on the previous occasion.

Too much force should not be applied in using the instrument. Better fail a few times, than run the risk of making a false passage. The effort to pass the stricture is not useless, because the bladder may not be reached. The mere contact of the instrument renders the urethra more tolerant of its presence, and the same size bougie that fails on one occasion, will sometimes succeed the next, and that, simply because the nerves of the patient, as well as those of the part, are better prepared for the operation. This result will be greatly favoured by proper medicines; they allay the irritation of the urethra and bladder, before, during, and after the use of instruments.

I have had under care cases of this disease which had existed for years, notwithstanding the regular use of the bougie, which, with the use of that instrument for a few times, when at the same time appropriate homœopathic medicines were given, have got completely and permanently well. The principal remedies are, *Aconite, Cantharis, Mercurius, Nux vomica,* and *Sulphur*. These may be given as above directed, the one or the other being selected according to predominating symptoms: the *Aconite* and *Cantharis* when there is much irrita-

tion of the bladder, or tenderness in the seat of stricture; *Mercurius* when there is purulent discharge; *Nux vomica* and *Sulphur* in the more chronic form of the disease, when there is derangement of the digestive functions, and in weakened and scrofulous constitutions.

The following medicines, may, also, under particular circumstances be employed with advantage, viz. *Cannabis, Clematis, Copaiba, Pulsatilla, Silicea, Thuja.*

GONORRHŒA IN WOMEN.

The remarks that have been made on the subject of gonorrhœa in males, apply equally to females; but few additional words, therefore, are required here. The differences in the disease as it affects the two sexes respectively, are due to the different conformation of their genital organs. In women it is a much milder and more manageable disorder than in men. The female escapes much of the suffering, and most of the complications, that render the disease at times so painful and protracted in men. Indeed, so slight in many cases is the inconvenience which

women undergo, that they are, from first to last, happily, ignorant of its nature, and attribute the discharge to which it gives rise, to leucorrhœa, or some other uterine affection. In other cases the symptoms are more marked, and indicate inflammation of the vaginal and urinary passages. There is redness, swelling, and heat of the external parts, attended, after a longer or shorter period, by a mucous, or milky, or yellow discharge. The inflammation, when intense, leads to erosion of the membrane, which causes much pain as the urine flows over it. In most cases the urethra is involved, and there is scalding in making water, and if the bladder becomes affected, there is frequent desire to micturate, with the emission, in severe cases, of small quantities of blood.

Much stress is laid by some authors on the difficulty of distinguishing this disease from other vaginal discharges, and the use of the speculum is invoked to clear up the diagnosis. I believe this difficulty to be over-stated. The persistent heat and tumefaction of the external parts, the irritation of the bladder, together with the ordinarily undisturbed state of the patient's general health, sufficiently distinguish gonorrhœa from that irritation which attends, intermittingly, upon uterine disease, and in which the general health is, also, commonly impaired.

Treatment.—The same circumstances which render the disease in women less painful and complicated than in men, render it also much more amenable to treatment. Local remedies are more to be relied on, and in many cases they are alone sufficient to effect a cure.

While the inflammatory symptoms run high, free bathings with cold or tepid water should be enjoined, and at the same time *Aconite* and *Mercurius,* or *Cantharis,* should be administered internally. As the symptoms become mitigated, *Cannabis,* or *Copaiba* may be resorted to, and a lotion of *Lead,* or *Hydrastis,* or *Alumina,* may be employed as an injection. This should be used several times a day. Care should be taken to throw it well up the vagina, for the disease commonly penetrates beyond the reach of sponges or cloths, with which some patients will persist in applying the lotion.

The indications for the different medicines are much the same as those which have already been pointed out in describing the treatment of gonorrhœa in the male, viz.—

Aconite, in the first or second decimal solution, when there is heat and swelling of the external organs, with irritation of the bladder and frequent desire to pass water.

Cantharis, of the same potency if there is frequent urging to micturate, with heat and pain in

the act, or when, these symptoms being absent, there is burning heat of the external parts, with or without discharge. In urgent cases it may be alternated with *Aconite*.

Mercurius corrosivus, when, these more urgent symptoms having been subdued by the foregoing medicines, there still remains heat, with a milky or yellow discharge.

This combination of general and local treatment seldom fails greatly to mitigate, or to eradicate, the disease in the course of a few days.

CASES OF GONORRHŒA, ETC.

The following cases of gonorrhœa and its complications, selected from a large number, are introduced for the purpose of illustrating, practically, the leading points in the foregoing remarks. With one exception (case xviii), they are the same that appeared in the first edition of this work. As they still answer the purpose for which they were originally introduced sufficiently well, I have not thought it necessary to multiply them, or to replace them by others of a later date, in the treatment of which the chief modifications have consisted in the more frequent use than formerly of *Copaiba* in gonorrhœa, and in prescribing other medicines in the matrix and the first and second decimal dilutions, instead of the third; both of which changes have certainly been attended with more striking and satisfactory results.

It was my first intention to introduce the different cases immediately after the diseases to which, respectively, they belong. But, as the complications of gonorrhœa are so constantly mixed up with the original disease, it has appeared to me more appropriate to group the cases all together, and so preserve that unity and natural connexion amongst them, on a view of which much of their practical value depends; and, at the same time, avoid the tiresome repetition which a different course would, inevitably, have entailed.

CASE I.—*Balanitis, mistaken for Gonorrhœa—Chancre.*

June 25th.— ——, æt. 24. Has had a chancre a week, on the frænum preputii, and two smaller ones. The whole membrane covering the corona glandis, and the adjacent part on the prepuce, is terribly inflamed, and discharging a quantity of pus. He has been treated for clap, and has had balsam of copaiba in large doses, which he could not keep on his stomach.

Take *Mer. solub.* 2^{x}, gr. iij, ter die. To wash away the matter from under the foreskin with syringe and warm water, and then throw up *Calendula* lotion, the foreskin being thick, inflamed, and very tight, and painful to retract.

29th.—Considerable improvement. Continue.

July 9th.—Still progressing favorably. Continue.

15th.—The chancre still felt, through the foreskin. The discharge from under the prepuce has almost entirely subsided—scarcely more than would come from the chancre. He continued the lotion and the *Mer. sol.*, and got steadily well, without any untoward symptom, either then or afterwards.

This case is a practical illustration of an error in diagnosis, which has before been alluded to as possible, if care be not observed, viz. mistaking the discharge from an inflamed foreskin, for gonorrhœa.

CASE II.—*Balanitis—Gonorrhœa—Erysipelas of Penis, and Crabs.*

June 17th.— ——, æt. 24. Had connexion a month since. The discharge first appeared a week ago. It is now copious and milky, and there is scalding after passing water.

Take *Copaiba* 1^{x}, gtt. xv, ter die.

25th.—The discharge considerably less. The scalding nearly as much. Continue.

July 3rd.—The last time he visited me he had a wash, composed of two grains of *Hydr. bichlor.* to an ounce of water, for a colony of crabs, which were destroyed by two applications of the poison. He has now a copious purulent discharge from the under side of the prepuce, the result of inflammation set up by the accumulation, in that situation, of smegma and gonorrhœal discharge. The foreskin is

swollen by an attack of erysipelas, evidently originating in the balanitis.

To have *Bell.* and *Merc. corrosiv.* tinctures 3^{x}, alternately, once in six hours. Apply cold cloths to penis.

13th.—The above symptoms have subsided. Still some gonorrhœal discharge.

To take *Tinct. Cannabis* ϕ, gtt. x, ter die, and use *Lotio Plumbi* as injection. With this treatment he got quite well in a few days.

CASE III.—*Gonorrhœa, with Balanitis and Ulceration.*

December 7th.— ——, æt. 24. Eight days a yellow discharge from the urethra, having had sexual intercourse six days previously. Six days ago a superficial ulcer appeared on the corona glandis. He applied *Caustic* to it, and it is now sloughy at the bottom. The whole lining membrane of the prepuce is inflamed, and there are other superficial ulcerations on the glans. He has had *Cannabis* three times a day, and the discharge had nearly ceased until to-day.

Take *Merc. corrosivus* 3^{x}, ter die, and apply *Calendula* lotion, on cotton wool, to the prepuce.

12th.—The large ulcer, which was touched with *Caustic*, healed; and the inflammation of the glans and prepuce has nearly disappeared, with the exception of one small soft ulcer on the edge of the prepuce, which does not heal. There is still some discharge and slight irritation. Continue medicine, and have *Hydrastis* infusion to inject.

17th.—The discharge, the next morning after the *Hydrastis* injection, seemed to have gone as by magic. He has used it three times a day. There is now the slightest

discharge. The ulcer is not quite healed. The granulations are weak, and bleed every morning, when the dressing is renewed. Touch them with *Caustic*, and continue the medicine.

26th.—The ulcer has healed. He took wine yesterday, and to-day the prepuce has become inflamed, is discharging yellow matter, and there are some superficial ulcerations. Take *Nitric acid* 2^{x}, gtt. v, ter die, and apply *Calendula* lotion.

January 9th.—The irritation, though much less, continues, and the ulcerated spots are a little elevated. Take *Mer. sol.* 2^{x}, gr. ij, ter die.

21st.—The ulcers healing rapidly. The irritation almost entirely subsided. Continue.

31st.—The gonorrhœa well. The ulcers healed. The irritation also is only of the most trifling character. Repeat medicine. Cured.

CASE IV.—*Simple Gonorrhœa, cured in its initial stage.*

July 29th.— —— Coition four days since. There is tickling at the orifice of the urethra, and a slight discharge just commencing.

Take *Tincture of Aconite* 3^{x}, and *Mercurius* 3^{x}, alternately, every four hours, and use *Liquor Plumbi* injection several times a day.

August 4th.—Discharge entirely ceased. No irritation. Continue the treatment a day or two longer.

CASE V.—*Simple Gonorrhœa, cured by Cannabis.*

February 25th.— —— Had connexion ten days ago. There has been scalding in making water, and yellow discharge, four days. The scalding is frightful.

Take *Tinct. Cannabis* ϕ, gtt. xv, ter die.

March 4th.—Scalding less severe. Discharge copious. Continue *Cannabis.*

11th.—The running has stopped. No pain. Appears quite well. Continue the medicine two or three days longer. Cured.

CASE VI.—*Simple Gonorrhœa, cured by Cannabis and Injection.*

February 28th.— —— Intercourse five days since. A little tickling and inflammation of the orifice of the urethra, and yellow discharge came on yesterday.

Take *Tinct. Cannabis* ϕ, gtt. xv, ter die.

March 7th.—Much better to-day. Less irritation. Discharge free and yellow. Continue the medicine.

24th.—Very little discharge, indeed scarcely any. Continue the medicine, and use *Lotio Plumbi* as in injection, every night. With this he got quite well, in the course of a week.

CASE VII.—*Simple Gonorrhœa cured in initial stage by Injection and Cannabis.*

July 12th.— —— Gonorrhœa one day; slight discharge, no irritation. He used *Injectio Plumbi* yesterday, three

times. Continue the lotion three or four times a day, and take *Cannabis sat.* ϕ, gtt. x, ter die.

16th.—Nearly well. Continue the lotion and medicine. He got quite well with this.

A few months later he contracted a similar attack, treated it in the same way, and got well in a week; and on a third occasion of a like kind he was equally fortunate. His attacks are mild. In such cases, the use of injections sometimes answers. As a rule, I have found them fail, and in some cases they increase the irritation.

Case VIII.—*Simple Gonorrhœa cured by Cannabis and Injection.*

January 8th.— ——, æt. 29. Has had gonorrhœa ten days. There is simply yellow discharge, without irritation of any kind. To take *Tinct. Cannabis,* ϕ, gtt. x, ter die.

24th.—The discharge ceased after four days, and continued so for a week; three days since it returned slightly. To use *Lotio Plumbi* twice a day.

February 28th.—Has been quite well up to this time.

Case IX.—*Simple Gonorrhœa.*

March 19th.— ——, æt. 30. Coitus nine days ago; discharge appeared six days ago. He had rheumatism following a former attack three years ago. He had, also, inflammation of the testicle, after using a strong injection. There is now a copious yellow discharge, with cutting in passing water. He has had three bottles of *Balsam of Copaiba* mixture, which has in no way controlled the disease.

To have *Aconite* and *Mercurius* of the third decimal, alternately, every four hours.

22nd.—The same or nearly so. *Tinct. Cannabis sat.* ϕ, gtt. x, ter die.

28th.—Considerable improvement; less discharge and less scalding. Continue.

April 5th.—Still some discharge, no scalding. Continue, and inject *Lotio Plumbi* every night.

12th.—Wonderfully better. There is no discharge.

This case illustrates the evil of strong irritating injections used too early, and their benefit when employed after inflammatory symptoms have been subdued.

CASE X.—*Gonorrhœa—Failure of Infections in first stage—Cured by Cannabis and Injections later.*

February 10th.—Had intercourse nine days since. Two nights ago, on going to bed, had a shivering fit, and in the morning a slight milky discharge appeared. It continues much the same, with a tingling after passing water, at the end of the urethra.

To take *Aconite* 3^{x}, and *Merc. corrosivus* 3^{x}, alternately, every four hours, and use injection of *Liq. Plumbi* two or three times a day.

17th.—The injection did no good, but caused much irritation, and he left it off after the second day. There is now copious yellow discharge; not much irritation. Take *Tinct. Cannabis* ϕ, gtt. xv, ter die.

24th.—Very great amendment. There is but little discharge; no irritation. Continue medicine.

March 3rd.—Still less discharge; no irritation. Continue, and use same injection as formerly, every night.

10th.—Scarcely any discharge at all. Continue. He had one more repetition of the medicine, and was well.

CASE XI.—*Acute Gonorrhœa, with Irritation of the Bladder.*

May 6th.— ——. æt. 23. Has had gonorrhœa a fortnight, and has been under allopathic treatment all the time. The remedies have purged him severely, and reduced his strength so much that he can stand it no longer. Yesterday his medical attendant ordered eight leeches to be applied over the pubes, for irritation of the bladder, which has existed three days. There is heat in the bladder, almost incessant urging to pass water, and scalding all along the urethra. The discharge is copious and yellow.

Take *Aconite* 3^{x}, and *Canth.* 3^{x}, alternately, every four hours.

15th.—Was better two or three days. Again pain at the end of the urethra, and frequent desire to micturate. Continue medicines.

23rd.—Very much better indeed. No pain. The bladder entirely relieved. Discharge less in quantity. Take *Cannabis sat.* ϕ, gtt. x, ter die.

31st.—Still some discharge. No irritation. Continue to use *Injectio Plumbi,* om. nocte. He continued the injection a few days longer, and took, at last, *Tinct. Sulphur.* ϕ, and was quite well.

CASE XII.—*Acute Gonorrhœa, complicated with Irritation of Bladder and Erysipelas of Penis, and slight Stricture.*

July 1st.— ——, æt. 41. Has had gonorrhœa three days; slight milky discharge, with irritation of the end of urethra.

Take *Aconite* 3^x, and *Mercurius corrosivus* 3^x, alternately, every six hours.

4th.—A good deal of scalding, more copious discharge, mixed with a little blood; there is also frequent desire to pass water.

Take *Aconite* and *Cantharis*, each the third decimal, five drops, alternately, every four hours.

13th.—Amelioration of most of the symptoms.

Take *Tinct. Cannabis*, ϕ, gtt. x, three times a day.

18th.—Violent headache, quick pulse, chills, feverish. The discharge much the same, and the prepuce and body of the penis attacked with erysipelas. The whole organ is enormously swollen, and intensely red.

Take *Belladonna tinct.* 3^x, and *Aconite* 3^x, alternately, every four hours, and apply cold-water cloths to the penis.

22nd.—The erysipelas subsiding. Better in health. Discharge and scalding less, but he has frequent watery diarrhœa.

Take *Veratrum* 3^x, every four hours.

25th.—Well of the diarrhœa, and altogether better. Still a free discharge, but very little irritation. Resume *Tinct. Cannabis*, and use *Lotio Plumbi* injection every night.

From this date, chiefly with these remedies, he gradually improved. The discharge was reduced to the smallest quantity, yet in that small quantity it persisted, at one time being yellowish, at another colourless. The stream of urine was a little contracted and twisted. Suspecting slight

stricture, I introduced a No. 6 bougie. There was considerable obstruction. Neither this bougie nor a smaller one would pass, the first time. At the second attempt it entered the bladder, and in two or three times more he was perfectly well.

CASE XIII.—*Acute Gonorrhœa—Orchitis—Allopathic treatment—Cured by Aco., Canth., and Pulsatilla.*

June 14th.— ——æt. 22. Has had gonorrhœa ten days, and under allopathic treatment all the time, taking *Mag. carb.* and *Sulph.*, and *Vin. Ant.*, *Pot. tart.*, with no good effect. There is now a copious, thick, greenish-yellow discharge, with pain about midway up the urethra after passing water, and irritation of the bladder, and occasional chordee.

To have *Tinct. of Aconite*, and ditto of *Cantharis;* a drop of each of the third attenuation, alternately, four hours apart.

21st.—Nearly all the above symptoms have disappeared. No irritation of urethra and bladder, no chordee, the discharge much less and not so green.

To have *Tinct. Copaiba* 1^{x}, gtt. xv, ter die.

July 5th.—By report from the country, he has been undergoing much exertion, and drinking freely of beer, and the discharge and scalding have returned.

To have, first, for three days *Aconite* and *Cantharis* as before, and then *Cannabis sativa* ϕ, gtt. x, ter die.

9th.—By report, laid up with inflamed testicle, much swollen, red, very painful.

To have *Tinct. Aconite* 3^{x}, and *Tinct. Puls.* 3^{x}, five drops of each, alternately, at four hours' intervals.

16th.—No pain in testis; able to get up; a very little

discharge. Continue the medicines, with which he entirely recovered in the course of a week.

Case XIV.—*Gonorrhœa with Inflammation of the Testicle.*

November 12th.— —— Has had gonorrhœa six weeks, rather severely. He has taken *Balsam of Copaiba*, and, latterly, saline aperients. There is copious yellow discharge, not much scalding.

Take *Cannabis sat.* ϕ, gtt. xv, ter die.

16th.—Much the same. Continue.

21st.—Nearly well. No discharge yesterday; a little moisture to day. No inflammation. Continue medicine.

28th.—Pain and swelling of the left testicle came on two days since.

To have *Aconite* 3^{x}, gtt. ij, and *Puls.* 1^{x}, ij, alternately, 4tis horis.

30th.—Testicle much swollen, but easier. The discharge has returned slightly.

To enter the London Homœopathic Hospital, where the same treatment was continued under my own care. He recovered completely, in a few days, from the orchitis. The discharge, which continued in a slight degree after he quitted the hospital, was cured by *Liq. Plumbi* injection.

Case XV.—*Gonorrhœa, with Inflamed Testicle.*

The patient had gonorrhœa five weeks; was under allopathic treatment. On the 21st of August I saw him, with inflamed testis. He had then been confined to bed four

days, and had been treated rather severely with *Calomel* purgatives, lotions, &c. The organ was very much swollen, hard, and tender; the pain extended up the cord to the abdomen and loin; he was sick and feverish and thirsty. I gave him *Aconite* 2^x, and *Pulsatilla* 2^x, alternately, every four hours.

The discharge ceased with the accession of orchitis.

Amendment set in immediately with the commencement of the treatment, and on the third day he was able to get up. No alteration of treatment was required, and he rapidly recovered. The discharge returned in a slight degree, and was checked by *Cannabis* and *Mercurius corrosivus*; and lastly, an injection of *Liq. Plumbi* in aquâ.

Case XVI.—*Gonorrhœa—Warts at the Anus.*

May 16th.— ——, æt. 19. Applied to me a fortnight since for what appeared to be an attack of low gastric fever. He had languor, headache, loss of appetite, foul tongue, looseness of the bowels, &c. He was compelled to relinquish his occupation and remain at home. The treatment I adopted failing to relieve the above symptoms, the suspicion arose that something undivulged by him, was keeping up the stomachic irritation. It then appeared that he had had gonorrhœa two months, for which he had been taking large quantities of *Copaiba* and other medicines, which he still continued to take, with no other effect than to disturb his general health. There is still considerable discharge, though but little pain.

To take *Cannabis* ϕ gtt. x, ter die.

20th.—Very much better in health. The discharge less copious.

Continue medicine, and use injection twice a day of *Lotio Plumbi.*

29th.—Scarcely any discharge. He has passed blood, and suffered great pain, at stool, the last week or ten days. On examination, a luxuriant crop of warts is found encircling the anus. I snip these off, and apply dry lint, and give *Thuja* ϕ, gtt. v, ter die, with which, and a continuance of the injection for a few days longer, he perfectly recovered.

CASE XVII.—*Spurious Gonorrhœa in an irritable subject, with Prostatitis, and Orchitis, and Irritation of Rectum.*

This gentleman had been under care some time for chronic prostatitis. There had been irritation of the bladder, too frequent desire to pass water, and the discharge, from time to time, of transparent mucus. These symptoms had been much benefited by *Aconite, Cantharis, Merc., Sulphur,* and other remedies. At length it was thought desirable to pass a bougie. This was done, with but very slight obstruction, and very considerable relief to the above symptoms: more decided relief, indeed, than had been obtained by any other treatment. Suddenly, after the bougie had been introduced about six or eight times, violent irritation ensued. All the symptoms of fresh genuine gonorrhœa were set up—copious milky discharge, intense inflammation of the orifice of the urethra, scalding. The irritation extended along the urethra to the bladder; there was constant and painful urging to pass water, with the discharge of blood. To this succeeded inflammation of the prostate, marked by pain, at first sharp, and subsequently heavy, and aching, in the perinæum, with great tenderness on pressure over the gland, and inability to sit or stand;

there was, also, partial retention of urine. This state of things lasted for some time, and during its progress one of the testes became inflamed, painful, and very large. The rectum was the next and last part affected. There was constant urging to stool, great pain in evacuation, and discharge, for a long time, of a large quantity of muco-purulent stuff from the bowel. The constitution naturally partook of all this suffering, and his strength became greatly reduced. He had shiverings of an afternoon, sweats at night, feeble, quick pulse, loss of appetite, and wasting. Though generally enjoying good health, he was of a fair, leucophlegmatic temperament.

This is a specimen of a class of cases, by no means uncommon, which harass and embarrass alike both patient and surgeon. They generally occur in scrofulous, delicate persons. All the symptoms run high, and yield but slowly to medical treatment; and no sooner is one organ relieved, than another becomes invaded. It would be almost impossible—and wearisome, if possible—to give details of the treatment of a case so protracted and varied as this; suffice it to say, that, ultimately he got perfectly well. The different symptoms were met by the following remedies, viz. the gonorrhœal symptoms chiefly by *Aconite, Mercurius corrosivus,* and *Cannabis;* the irritation of the bladder by *Aconite* and *Cantharis;* the inflammation of the testicle by *Aconite* and *Pulsatilla;* the prostatic symptoms by *Aconite, Belladonna, Mercurius, Pulsatilla,* and, ulti-

mately, *Kali hydriodicum,* and by the constant application of cold-water compresses to the perinæum. I attach considerable importance to this last expedient. It subdues vascular action in the part, and affords the patient marked relief and comfort. The irritation of the rectum yielded to *Nux, Mercurius, Arsenicum,* and *Sulphur.* The strictest quietude and rest, in the recumbent posture, is necessary in these cases; and often, as in the present instance, change of air—seaside—is required, to restore the patient's general health, and throw off the lingering symptoms of the local affection. I should mention that here, as in so many other instances that have come under my notice, an injection of the *Lotio Plumbi* was of the greatest service in arresting, almost immediately, the gonorrhœal discharge from the penis, which had persisted throughout the whole attack, and was but little influenced, apparently, by the other treatment.

CASE XVIII.—*Acute Prostatitis, with Gonorrhœa.*

—— æt. 44. A commercial traveller. December 1st, 1873. Contracted his third attack of gonorrhœa a week since. The previous attacks were mild, this has proved remarkably severe. When he visited me there were the ordinary symptoms of the disease: copious yellow discharge, and some smarting in passing water. To have *Tinct. Copaiba* 1^5 gtt. xx, ter die.

He commenced a country journey, and being unable to regulate his diet and exercise, the symptoms became aggravated. The pain in micturition increased, and then frequent urging to relieve the bladder gradually came on. He wrote to me about these symptoms, and I prescribed *Tinct. Aco.* 2^{x}, and *Canth.* 1^{x}, gtt. v, alternately, every four hours.

At the end of another week he returned home with still further aggravation of all the symptoms. It was now evident that he was labouring under a sharp attack of prostatitis. There was incessant and most distressing urgency to void urine, scalding in its passage, much darting and shooting along the urethra, and at the end of penis, at other times. There was also pressive pain in the perinæum, with great tenderness there on pressure, compelling him to rest on one ischium in sitting down. He was constitutionally ill; had rapid pulse, white tongue, thirst, and looked haggard, and anxious. To remain quiet at home in the recumbent posture, to apply constantly warm linseed-meal poultices to perinæum, to live simply, avoid stimulants, and take *Tinct. Aco.* 2^{x}, and *Mer. corros.* 3^{x}, gtt. v, alt. 2ndis horis.

At the end of four days mitigation of all the symptoms, but still he suffered a good deal. There was less constitutional disturbance. *Tinct. Mer. cor.* 3^{x} and *Tinct. Sulph.* ϕ, gtt. v, alt. 2ndis horis.

To continue the poultices, and in other respects proceed as before.

The end of the next week found him greatly relieved. He could now retain his water a couple of hours, although there was still a deceptive feeling that he would be relieved by passing it. The symptoms in the perinæum had also subsided to a great extent. The discharge had much

diminished, and his general health was better; so much better that he contemplated a resumption of his travels in three or four days. This he was enabled to do, still continuing the *Mer. cor.* and *Sulphur*, for another week, at the end of which time he resumed the *Copaiba*, and used *Lotio Plumbi*, for the remaining symptoms of gonorrhœa, and got quite well.

This case is a good specimen of acute inflammation of the prostate gland, as it accompanies gonorrhœa. It is to be distinguished from simple irritation of the bladder by the perineal symptoms, which are absent when the prostate is not implicated. This is the kind of case which sometimes runs on to suppuration. I have referred in a previous page to such a case, which occurred in my own practice. The beneficial action of *Sulphur* in the present instance is worthy of notice. Marked amendment commenced with the exhibition of that medicine. It follows *Aconite* in many inflammatory diseases, with admirable effect.

Case XIX.—*Gleet, cured by injecting Infusion of Hydrastis.*

December 2nd.—Contracted gonorrhœa in August. Was under treatment, allopathic and homœopathic, until the middle of October. A slight discharge, enough to stain the shirt yellow, persists, and annoys him, although there is no

irritation. He has used *Lotio Plumbi* and had various medicines. To make a lotion by infusing an ounce of the root of *Hydrastis*, in half a pint of water, and when cold, inject it three times a day. He was perfectly cured the first day, and had no return of the discharge.

Case XX.—*Gleet—Stricture—Cured by Bougie, &c.*

July 4th.——. Has had gonorrhœa between two and three months, and been under medical treatment nearly all the time, taking medicine and using injections. There is now some discharge of a morning, staining the shirt. No irritation at the end of the urethra, but a scalding as the urine passes about half way down the passage. Suspecting stricture, I passed a medium-sized bougie, and met with obstruction under the arch of the pubes.

Take *Sulphur* 3^{x}, pilule, bis die.

13th.—Was worse two days after the bougie. Better since; very little discharge indeed. Again bougie; less obstruction. Continue medicine.

18th.—Very little discharge. Treatment the same. This was repeated two or three times more, and he had no further annoyance.

Case XXI.—*Stricture, with Fistulous Openings in the Perinæum.*

A gentleman, æt. 40. Had gonorrhœa several years since, of an acute nature. Had for a long time been troubled with his water, being unable to pass it except in the smallest stream. He had undergone a good deal of treatment by different medical men, with only temporary

relief. The symptoms increased; he passed water only in driblets, after much straining. Abscesses formed on the perinæum, and fistulous openings remained, through which the urine escaped. There was the most frightful irritation of the bladder, incessant desire to micturate, and the discharge of highly ammoniacal, muco-purulent urine. His health was completely broken by pain and want of rest; any attempt to pass a catheter in his then condition was attended with the greatest agony. To have *Aconite* and *Cantharis*, alternately, every four or six hours. These medicines formed the base of the treatment. He had from time to time *Sulphur* and *Nux*; and *Belladonna* for one or two attacks of erysipelas in the perinæum, which was caused by the irritation of the urine escaping through the false opening. The irritation of the bladder was speedily allayed by the remedies; the urethra became tolerant of the catheter. After several cautious, but fruitless, attempts, a passage into the bladder was effected. This advantage was maintained; the stricture yielded entirely, the openings in the perinæum closed, the urine passed the natural way, the patient's health became perfectly restored, and has remained good ever since, now a space of six years.

PRIMARY SYPHILIS.

Syphilitic diseases are commonly divided into primary, secondary, and tertiary.

Primary syphilis includes the original sore, and bubo arising from it.

Secondary syphilis comprises those symptoms of a constitutional character, which either accompany the original sore, or, at no great interval, succeed to it.

By tertiary syphilis is meant those diseases which, being also of a constitutional nature, appear at a later period, affect different tissues, and are more deeply engrafted in the system, than secondary symptoms. They are, also, said not to have any infecting power.

Primary Syphilis—Chancre.—This is an ulcer produced by the application of the syphilitic virus to some portion of the surface of the body, commonly that of the penis, or its appendages, in the male; and of the orifice, or cavity, of the vagina, in the female. The disease is, however, by no means

confined to these regions. It may occur in any other locality to which the poison is applied. One of the most inveterate cases of venereal disease I ever had to treat, originated in a chancre on a gentleman's lower lip.

As a rule, it may be said of syphilis, that "like begets like," that ulcer produces ulcer; in other words, that it is contracted during intercourse with a person similarly affected. This, however, is by no means invariable. A man may contract a chancre from a woman who, though she may be the depository, at the moment, of the poison from another person, may not, herself, be infected. This happens, occasionally, with prostitutes who indulge largely in promiscuous intercourse with the other sex. They serve as the media for conveying the virus from one customer to another. It is difficult, in any other way, to account for the occurrence of chancre in some exceptional cases of obscure origin. The same thing holds good with respect to gonorrhœa. A case of this kind, a short time since, came under my own observation. A gentleman contracted gonorrhœa from a female, in whom the most rigid examination could detect no sign of the disease at the time, but in whom, a few days later, without her having had connexion with any other man in the interval, the disorder was unmistakably manifest. In this instance the virus had simply been deposited in the

vagina, but had not had time to exert its specific action before my patient had connexion with her. The knowledge that such things are possible, may be of use in practice, in explaining away otherwise inexplicable difficulties as to the origin of the disease.

The period at which chancre appears after intercourse varies exceedingly in different cases. It seldom shows itself in less than three days, nor later than fourteen. Occasionally, however, it is much later. In a case recently under my own care, I was assured that at least an interval of six weeks had elapsed between connexion and the appearance of the ulcer.

Venereal ulcers assume various forms. They may conveniently be ranged under the following heads, viz.—

1. The superficial, soft ulcer;
2. The hard, Hunterian chancre;
3. The phagedænic or ulcerating chancre; and
4. The urethral ulcer, so named from its situation in the urethra.

Soft Chancre.—This is by far the most common form of the disease. Like the other forms, it commences in a small itching pimple, which, bursting,

exposes the broken surface, or ulcer, beneath. The soft chancre is soft from the commencement, and so remains throughout—and, in this respect, it is distinguished from the hard chancre, which, commencing as a soft ulcer, becomes afterwards indurated. The soft chancre when pressed between the finger and thumb can scarcely be distinguished from the surrounding skin. Its tendency is to spread superficially, and not to dip down into the subadjacent tissues, and its depth is nearly uniform throughout its whole extent. Its edges are generally somewhat elevated above the surrounding integument. They are at first everted, and white, and sharp, and subsequently, when the healing process commences, they become rounded and red. The bases of these ulcers are commonly covered with a lardy-looking substance. They discharge, freely, rather a thin ichorous fluid, or yellow matter. The parts surrounding the ulcer are sometimes inflamed, but seldom much thickened.

The soft chancre engenders suppurating bubo, but seldom, if ever, infects the constitution.

Hard Chancre is not commonly distinguishable from the soft chancre for the first twenty-four or forty-eight hours. The change into its characteristic hardness is gradual, and manifests itself about the third day, or a little later. The hardness, when

specific, cannot be mistaken. The soft chancre sometimes becomes slightly indurated, but it is very different from the hardness of the true Hunterian chancre, which, when pressed between the finger and thumb, feels like a piece of cartilage. The hardness seems to depend on plastic deposit into the tissues surrounding the ulcer, and remains during the whole course of the disease, and for some time after.

The shape of the hard ulcer differs from that of the soft. Its edges are seldom raised above the surface, but commence abruptly and pass in a shelving, sloping, direction to the bottom of the ulcer, which dips down deeply into the subjacent textures, and thus acquires its well-known, contracted, cup shape. The surface of the ulcer, instead of looking moist, and discharging freely, like the soft chancre, is generally dry, or covered with a kind of scab.

Hard chancre is frequently attended with induration of the inguinal glands, which feel like a row of flattened peas under the skin; but they seldom suppurate. This kind of chancre is the parent of the much dreaded secondary symptoms. But few cases of this disease pass off entirely without being succeeded, sooner or later, by some manifestation, more or less severe, of this constitutional taint.

There is a form of ulcer, intermediate between the

soft and the distinctly hard chancre, called the elevated ulcer. It is generally raised considerably above the surrounding surface, almost like a large wart, the mass being formed by thickened and somewhat hardened integument. Considerable inflammation of the contiguous parts accompanies this form of chancre. It is slow to heal. Though differing considerably, in form and appearance, from the true Hunterian chancre, it partakes of its nature, inasmuch as it is succeeded by secondary diseases.

PHAGEDÆNA—DESTRUCTIVE ULCERATION—is less a separate form of chancre, than a condition supervening upon other chancres during their course. The soft chancre is more liable than the hard to become phagedænic, and the change is generally due to bad health at the time of infection, or to some unfavorable circumstances occurring during the progress of the disease. About a year ago I had a case under care, which will be found detailed in a subsequent page, in which, after the ulcer had nearly healed, the disease suddenly took an unfavorable turn, broke out afresh at the root of the penis, and threatened the entire destruction of the genital organs. The only cause I could assign for this change was the acute mental anxiety the patient suffered, from fear of the nature of his malady being

detected by his family. This destructive form of the disease is not frequently met with in private practice and amongst respectable patients; but it is not uncommon in hospitals, amongst prostitutes and men inhabiting close, unhealthy localities, and who lead irregular and intemperate lives. I am persuaded, however, judging from the rarity of phagedæna in homœopathic practice, and from what I know of the effects of large quantities of mercury, that this medicine, administered as it is administered by allopathic surgeons, is one of the most prolific exciting causes of phagedænic ulceration. The depressing influences above alluded to, and a scrofulous constitution, are the chief predisposing causes.

The symptoms of phagedæna vary so much in different cases, that it would be difficult to give such a description of them as should embrace all its phases. Its leading characteristics are—the irregular shape of the ulcer; its jagged and irritable edges; its angry appearance; its painfulness; the thin, ichorous discharge that comes from it; and, its tendency to rapid and persistent extension. In spite of all that can be done to arrest its progress, it will sometimes continue to spread until large portions of the genital tissues are disorganized. Some time since a case of this kind was brought to me by a provincial colleague, in which the whole of the foreskin, and a considerable portion of the glans

penis, was already destroyed, and still the ulcer was spreading; and I recollect seeing a case many years since, in which one testicle was entirely denuded of its scrotal covering, by an ulcer of this kind.

URETHRAL CHANCRE is simply an ulcer situated at the orifice, or within the canal, of the urethra. This form of the disease is chiefly interesting, on account of the light it sheds upon a disputed point connected with the supposed appearance of secondary symptoms after gonorrhœa. Patients who were never known to have had primary syphilis, but who had had a slight discharge from the urethra, were affected with secondary symptoms. This discharge was supposed to originate in gonorrhœa, the secondary symptoms were attributed to it, and the inference was drawn from the two circumstances, that syphilis and gonorrhœa were one and the same disease. The error is explained by the detection of urethral chancre.

I have now under care a case of tertiary node of the ulna, in a gentleman who has also had secondary eruptions, but who was never known to have chancre. He had, however, many years ago, a slight discharge from the urethra, which, being regarded as a clap, was treated with *Copaiba* and injections. This was, doubtless, urethral chancre.

Such cases suggest the propriety of examining the urethra when cases of *slight* discharge of thick, yellow pus from that passage, come under the surgeon's notice. The gonorrhœal discharge is thinner, milky, and more copious, even in mild cases, than that from an ulcer. There is no fear of such an error in diagnosis in acute gonorrhœa.

These ulcers are found just within the urethra, at a very short distance from the orifice. They are generally flat and superficial, and nearly of the same colour as the mucous lining of the canal. Whilst little disposed to spread or become hard, they are yet slow in healing, owing, probably, to the passage of urine over them, and to the constant contact of the opposing surfaces. This contact may be obviated, in the treatment, by the insertion of a small piece of cotton wool, carrying *Calendula* lotion, or *Lot. nigra.*

Urethral chancres are said to be occasionally situated higher up the passage. This I should think an exceedingly rare occurrence. It is not easy to understand how the virus could be conveyed thither, nor how, except by inoculation with the discharge, or the appearance of secondary symptoms, the existence of the disease could be verified.

Treatment of Primary Syphilis.—We have now to consider the treatment of primary syphilis.

The first object to be had in view is, if possible, to heal the ulcer before the system has become contaminated. To this end it is recommended, by the best authorities of the old school, to destroy the ulcer, in its first stage, with caustic, and so convert the specific ulcer into a simple non-infecting one. If this can be effected, there does not appear to be any valid reason why the patient should not have the benefit of the chance thus afforded him—but quite the contrary—of nipping a loathsome disease in the bud. But, to be of any avail, it should be done thoroughly, and early.

After the first twelve or twenty-four hours, the application of lunar caustic, which destroys only the surface of the sore, is useless. By that time the disease has probably infected the tissues deeper down, and a more penetrating caustic must be used. Langston Parker recommends the *Potassa fusa,* or the *Potassa cum Calce,* or strong nitric acid. Mr. Acton advises the application of sulphuric acid, combined with powdered charcoal, so as to form a semi-solid paste. I am myself in the habit of applying a drop of fuming nitric acid, allowing it to remain a few seconds, and then soaking up what remains of it with a piece of blotting paper. It answers the purpose admirably, and is thoroughly effective. Caustics should never be applied to an indurated chancre. The disease has then become

constitutional. Being no longer local, it cannot be destroyed by local means.

The internal treatment of syphilis is a more interesting subject to the homœopathic surgeon.

The first remedy of which I shall speak, as immeasurably the first in importance, is *Mercurius*.

Although syphilis doubtless has been, and is still, cured by other medicines, yet mercury, in some shape or other, is, by universal consent, the true specific for chancre. It is almost always given in the first instance, other measures being resorted to only when this fails. It is used alike by the old and new school of practitioners, the difference consisting mainly in the dose; and this is an all-important difference. The old plan is—mercury to salivation. Now, on the very threshold of this matter we encounter a notable inconsistency in the teachings of allopathic writers. Mr. Druit, who in his 'Vade Mecum' may be regarded as expressing the general opinion of the body to which he belongs, says, "Not that this," that is, salivation, "is of any use, except to show that the system is affected; because," he continues, "the action of the mercury must be kept up until the ulcer heals, and all hardness in the part disappears." This is not only inconsistent, it is purely absurd. If the healing of the ulcer, and the disappearance of the hardness, be the true test of cure, on what conceivable ground is

it laid down as a law, that mercury must be given until the mouth is made sore? Of two things let us have one. If salivation be the standard, adhere to it; if the healing of the sore, and the absence of hardness, then hold by them. If the disease be cured, why, in the name of all that is reasonable, should the unhappy patient be doomed to salivation, which, according to Mr. Druit's own confession, is useless, except to show that "the system is affected"? The system affected! Herein lies the whole fallacy. It is *assumed* that the sore will not heal, nor the hardness subside, unless the system is affected. Strange that it should never have entered into the heads of our learned brethren to test this point—to try whether the disease might not be cured without affecting the system! There is no fact in science better established than this, that syphilis may be as thoroughly, as quickly, and as effectually cured by mercury in doses short of salivation, as by mercury in those poisonous doses which "affect the system." This, from Hahnemann's time down to the present, has been proved, over and over again, in thousands of cases, in the practice of homœopathic surgeons. I myself, during the last twenty years, have treated syphilis, in all its forms, homœopathically, and have made infinitely better cures, than I did during my previous allopathic practice. The whole question admits of demonstration. There is no mistake

about the disease. It is open to our view. The progress of the cure, and the result, are equally patent. There is here no room for cavil. Whatever arguments may be made use of to explain away the effects of homœopathic remedies in other diseases, are here totally inadmissible. Time, nature, and imagination, which, in the opinion of our opponents, come so generously to the rescue of the homœopath in other cases, will hardly be invoked in a case of chancre, even by our bitterest opponent. A chancre is an unmistakeable fact. Homœopathic patients, unfortunately, enjoy no exemption from these facts; and if our doses of mercury do not cure them, then we may fairly ask to what agency the cure is due; for, that they do get well, no one will dispute; and the patients themselves shall be our judges, whether or not they have been subjected to such doses of mercury as "affect the system."

Admitting, then, that syphilis is curable by innocuous doses of mercury, the force of such an admission, in modifying the ordinary mode of treating the disease, is as apparent as it is irresistible. Is any one ignorant of the effects, present and prospective, of salivation? Are those effects not as familiar to our ears as household words? and their associations, are they not those of long-suffering wretchedness? Is it nothing to be able to avoid all this? Is it not, rather, one of the

greatest boons that can be conferred upon erring humanity! This boon homœopathy does confer; and not only so, it places us at an immense advantage in the management of the disease. With allopathy it is a matter of vital importance to the patient that the surgeon be able to distinguish, at once, and with unerring certainty, between venereal and non-venereal sores, because upon this decision depends the question, whether he is or is not to be salivated. If non-venereal, he will be treated with a cooling dose, and some bland lotion; if venereal, he must have mercury. But it is sometimes very difficult, if not impossible, to determine the true character of a sore. The patient, here, cannot be allowed the benefit of the doubt. If you err, err on the safe side, says the allopath; better salivate twenty innocent men, than let one guilty one escape! But with the homœopath the case is quite different; he acts upon the simple law that "like cures like." He knows that mercury cures ulcers on the skin, and venereal ulcers amongst others, in virtue of its property to produce ulcers in healthy subjects; and, if a patient present himself to him with an ulcer on his penis, I do not say that he is indifferent as to its nature, but whether he be able to determine this point or not, whether the sore be venereal or non-venereal, he will probably prescribe mercury, for the simple reason that it is the homœopathic remedy. Then,

again, it is not only unnecessary, it is in many cases positively injurious to the progress of the cure, to affect the system with mercury. Salivation, by inducing mercurial fever, irritates the ulcer, retards granulation, and tends towards the production of that most destructive and much dreaded form of the disease, the phagedænic ulcer. Upon the system its effects are equally deleterious; it sets up general fever, destroys the appetite, and causes diarrhœa, dysentery, and ulceration of the mouth and throat.

As regards the indications for the use of this remedy, whilst it is, certainly, most imperatively demanded in the indurated ulcer, I consider it as suitable to all kinds of chancres. Even in the phagedænic, in which its use is generally thought to be contra-indicated, I have known it to arrest the ulceration when other remedies, ordinarily recommended for that condition, have failed. In the old school there is so much dread of the effects of mercury that every opportunity is seized of avoiding its use, except in the case of hard chancre, in which it is regarded as indispensable. I have already shown such apprehension to be totally out of place in homœopathic practice; and, on that account, as well as on account of its being beyond all others the most efficacious of remedies, I do not hesitate, whenever a patient presents himself with a suspicious-looking sore on his penis, to give mercury at

once, if it has not already been administered in large quantities. There is no doubt that some soft superficial ulcers will heal readily enough under the action of other medicines, or even without any medicine at all, and that mercury is most imperatively demanded in the indurated chancre; yet, I have treated many cases of soft chancre, in the first instance, without mercury, in which, ultimately, I have been compelled to resort to that medicine, either because the healing process did not commence, or because granulation, having proceeded to a certain extent, came to a standstill. The conclusion, therefore, at which I have arrived, after carefully testing and watching the effects of different remedies, is this, that the surgeon who relies most on the proper and judicious use of mercury, will cure, expeditiously and permanently, the largest proportion of his cases.

Then, as regards the form of the medicine, I am decidedly of opinion that the black oxide of Hahnemann—the *Merc. sol.*—is the best. In the primary chancre, I seldom employ any other preparation, and it rarely fails. And as regards the quantity, I am satisfied that a considerable modification of the doses ordinarily recommended in homœopathic books is requisite. These quantities are far too small. It must not be lost sight of that, in treating syphilis, we have to deal, not with a disease con-

sisting in simple functional disturbance, or in structural alteration arising therefrom, such, for example, as takes place in the common phlegmasiæ, but with a disease engendered, palpably, by the operation of a virulent poison. In the former case, a medicine in exceedingly small doses, acting through the agency of the nervous force, is generally sufficient to rectify the diseased action. In the latter, a poison has to be neutralised, and, to effect this, the remedy requires to be administered in quantities, which, though still very small, are comparatively large. Careful observation has convinced me of this necessity, and one or two striking illustrations of it will be found amongst the cases of syphilis.

The dose which I commonly employ, and which I have found very effectual, is from one to three grains of the first, or from five to ten grains of the second, decimal dilution, repeated three times a day. I sometimes commence with the former, and continue it for a week, or until amendment sets in, and then replace it by the second dilution. More commonly, I give the latter only, and resort to the first dilution chiefly in cases of obstinate indurated chancre. There is one error against which I must here caution the young homœopathic practitioner—that, I mean, of too hastily changing the treatment. Let him persevere steadily in the use of a well

chosen remedy, and this perseverance will more surely be crowned with success, than will that vacillating impatience which leads him to vary the remedy with every variation in the outward appearance of the disease, or because, during the first few days, no perceptible impression is made upon it. A modification in the dilution and the dose, such as I have just named, will generally effect all that is desired.

Other preparations of mercury, if the surgeon prefer them, may be employed in the place of the *Merc. solubilis* in the cure of chancre—the *Merc. viv.*, the *Merc. corrosivus*, the Proto- and Bin-Iodides. The latter may be advantageously given to scrofulous patients, and in cases where the primary sore and secondary symptoms coexist. But, on the whole, I conceive the iodides to be best suited to secondary and tertiary syphilis. The triturations of these, as well as of the black oxide, I regard as more certain in their operation than the spirituous solutions; in which form, moreover, the medicines cannot be administered in such low potencies, as in trituration.

Acidum nitricum.—This is another great syphilitic remedy, second only to mercury in its power of neutralising the effects of syphilitic virus.

In their dread of mercury, the members of the old school are ever casting about to find substitutes

for that medicine; and of these, nitric acid has been lauded as one of the most powerful. Now, according to the strict application of the homœopathic law, no one medicine can be, properly speaking, a *substitute* for another; and, in the treatment of syphilis, so far from nitric acid being a substitute for mercury, it has, like mercury, its own peculiar sphere of action, which no other medicine can fill. Thus, whilst mercury is the proper remedy for chancre, and particularly for hard chancre occurring in persons of good constitution, who have not previously been saturated with mercury, nitric acid is as distinctly the proper remedy for chancre, and particularly for soft chancre, in persons of weak and debilitated constitution, whether that condition be the result of scrofula, or of the noxious influence of mercury, or of a previous venereal taint.

This distinction being kept in view, it is at once apparent, that we could as little spare the one medicine as the other. Mercury is more frequently called for than nitric acid, simply because the class of cases to which it is applicable are more numerous. Syphilis is most commonly contracted by the young, the ardent, and the vigorous. But, on the other hand, the cases are by no means few, in which the disease is contracted by those of an opposite temperament; and more numerous still are those cases

which occur in persons whose constitutional powers have been undermined by the combined influence of mercury and syphilis, in previous attacks. In these cases, *Acidum nitricum* is, generally speaking, the appropriate remedy.

As I have before remarked, venereal diseases, being exceptional in their nature, require to be exceptionally treated as regards the doses of some of the remedies. Formerly, I was in the habit of administering, in these cases, the minutest doses of *Acid. nitric.* The effect, if not altogether inappreciable, was, at least, very uncertain and unsatisfactory. Latterly, I have prescribed it in doses of from five to ten drops of the second decimal dilution, and sometimes of the first, with very decided advantage.

The alternate action of the two foregoing remedies—mercury and nitric acid—when either of them, singly, seems inoperative, is sometimes very successful. Thus, commencing the treatment with *Mercurius,* the ulcer beginning to heal, has, at the end of ten days or a fortnight, come to a standstill, or has retrograded. *Acid. nitricum* has instantly restored the healing process; which yet, again, after the lapse of a few days, has required the resumption of *Mercurius* to complete the cure.

Other medicines are named in homœopathic books as remedies for chancre, such as *Arsenicum, Ar-*

gentum nitricum, Corallia rubra, Causticum, Iodium, Staphysagria, Thuja, Sulphur, &c. I can quite understand that *Arsenicum* might be useful in some forms of phagedæna; *Iodium* in scrofulous subjects; *Thuja* in condylomatous growths; *Sulphur* as an intermediate remedy; and *Argentum nitricum,* we know, is useful as an external application. But I should certainly hesitate to trust to either of these remedies in the treatment of hard chancre; and even in soft chancre, I feel greater confidence in *Mercurius* and *Acidum nitricum.* It is doubtless one of the just boasts of the homœopath, that he has a rich repertorium, and is not confined to a single remedy in the treatment of any disorder. It should equally be his aim to cure with the smallest possible number of medicines. His results are then more satisfactory to himself, and his experience more useful to others.

Local treatment of syphilis.—Much may be done in this respect, to check ulceration and favour the granulating process. When the ulcer is not placed beyond our reach by a contracted foreskin, a piece of cotton-wool, soaked in cold water, or weak *Calendula* lotion, should be applied to the part, and changed two or three times a day; and if, in consequence of phimosis, the chancre cannot be got at, the foreskin should be well washed out, by means of a syringe, first with warm water, and then with *Calendula*

lotion. When a patient is so situated that he cannot procure *Calendula,* the *Lotio nigra* is a useful application; but when it can be procured, the *Calendula* is to be preferred. I have seen sluggish ulcers stimulated into active and healthy granulation in the course of a few hours after commencing the use of this lotion. In phagedænic ulcers, it is of the utmost service in allaying irritation, soothing pain, and checking the ulcerative process. A light touch of *Argentum nitricum,* in its solid form, is also a useful stimulant to sluggish ulcers.

Bubo: inflammation and enlargement of the inguinal glands, which may end either in resolution or suppuration. Bubo is said to be gonorrhœal, or syphilitic. In the former case, which is very rare, it is purely sympathetic; in the latter, which is very common, it depends on absorption of the syphilitic virus from a chancre.

Gonorrhœal bubo is commonly excited by too much exercise. In first cases of gonorrhœa, in which the symptoms are apt to run high, the patient should be cautioned to remain as quiet as possible. Gonorrhœal buboes very rarely suppurate, and yield readily to rest, and the application of cold compresses, or cold bread-and-water poultices. The most appropriate medicines are *Aconitum* and *Mercurius.*

The syphilitic bubo is a more important affair. It

arises, as I have just said, from the absorption of the virus from the primary ulcer, and is greatly influenced in its character and course, by the nature of the ulcer to which it owes its origin. Thus, the soft, freely discharging chancre begets the suppurating and sloughing bubo; the indurated chancre is accompanied by indolent induration of one or more of the inguinal glands, which seldom form into matter. This further interesting conclusion has also been arrived at, viz. that secondary symptoms rarely follow a suppurating bubo, whilst the hardened glands that attend upon hard chancre, indicate that the system is already contaminated with the syphilitic poison, and that other secondary symptoms will almost inevitably follow.

The non-infecting bubo is not, as a rule, attended with great pain. The patient generally manages to keep about, and occupy himself as usual. It is, however, very unadvisable that he should do so, inasmuch as exercise irritates the inflamed gland, and tends to the formation of matter. With entire rest for three or four days, the application of cold-water compresses, and the use of proper medicines, suppuration may often be prevented; and even after matter has distinctly formed, it by no means follows that the abscess must burst. I have repeatedly seen buboes full of matter subside, when least expected, without breaking.

In these fortunate cases the redness of the skin disappears, the place becomes painless, remains in a stationary condition for a few days, and then gradually subsides, as the matter becomes reabsorbed. This is a point of considerable importance in reference to the treatment, for whereas, formerly, I was in the habit of opening a bubo at the earliest moment after the formation of matter, I now always wait for the chance of the favorable change I have just described. Failing this change, and the opening of the abscess being inevitable, this should not be left to the natural process, but should be effected with a lancet. The wound made by the lancet is small and clean; and under favorable circumstances, the whole affair is over in the course of a few days. But, if the matter be allowed to accumulate until it finds an escape for itself, or until the skin is deeply and extensively implicated, then a large irregular wound is established, the cavity of the abscess is exposed to the irritating influence of atmospheric air, and extensive sloughing is apt to ensue. As already intimated, as soon as the gland becomes painful and begins to swell, the patient should, if possible, remain quiet, and apply cold water, either with cloths, or bread poultice. If, as will probably be the case, he is at the time taking *Merc. sol.* for the chancre, this should be continued, and *Aconitum* in the first instance, and *Belladonna* afterwards,

should be alternated with it. If, under this treatment, the inflammation subsides, then *Hepar sulph.*, trit. 3^{x}, contributes greatly to the dispersion of the matter, and—unlikely as it may appear—a warm linseed-meal poultice tends to the same favorable end; or, if it be preferred, the gland may be left without any external application whatever.

Phagedænic bubo.—Bubo, like the soft chancre from which it arises, sometimes takes on an unhealthy action after the abscess has been opened—whether by natural or artificial means—and instead of healing kindly, the wound becomes irritated and inflamed, and the inflammation extending to contiguous parts, fresh openings are formed, until, at length, the whole inguinal region is occupied by a series of unsightly holes, and burrowing ulcers. A scrofulous constitution is the great predisposing cause of this unhealthy and destructive ulcer, which is often so troublesome, and difficult to heal. It demands the most careful management, both local and constitutional. The former consists, first, in the use of warm linseed poultices; and, secondly, of *Calendula* lotion, in the proportion of one part of the tincture to eight of water. Cotton-wool should be soaked in this, and laid in, and over, the wounds. The *Lotio nigra* may sometimes be advantageously substituted for it. The constitutional treatment

consists in the administration of *Merc. sol.* or the *Bin-iodide of Mercury,* in from five to ten grain doses of the second decimal trituration, if mercury have not already been given; or, if it have, of *Acidum nitricum,* in ten drop doses of the first or second decimal dilution; or of *Kali hydriodicum,* in five grain doses, three times a day. The patient's powers should, at the same time, be sustained by a generous diet, to which a table-spoonful of cod-liver oil every night, is an excellent addition. He should also keep himself quiet, and, as much as possible, in the recumbent posture. Movement, from the peculiar situation of the disease, tends to retard the healing process.

SECONDARY SYPHILIS.

The lesions of which we have been speaking, viz. chancre and suppurating bubo, are commonly, and I think correctly, regarded not as constitutional, but as local diseases. They constitute what is called primary syphilis. The disorders we are now about to consider, indicate that the syphilitic poison has entered the general circulation and contaminated the system at large. Hence they are called secondary symptoms.

These symptoms are very diversified in their character, severity, situation, and duration. They affect most commonly the skin, the mucous lining of the mouth, the throat, the nose, and the structures of the eye. They make their appearance either whilst the primary sore is yet open, or within the space of a few days or weeks after it has healed. Although relapses of the same attack are very common, the first infection —like the infection of smallpox or measles—seems to render the system proof against a fresh invasion of these symptoms, from any subsequent attack of primary syphilis.

These diseases are transmissible from one person

to another, from husband to wife, from mother to child. I have recently seen examples of both these modes of transmission. A young man had secondary symptoms; was treated, and pronounced cured. He married three months afterwards. His wife was delivered of a child, which almost immediately developed secondary symptoms around the mouth and nose and anus, and on the seat. It lingered, wasted, and died. I have at the present time under care, a lady who has contracted secondary symptoms of the most distinct and marked character from her husband, who was cured of chancre before he married, but in whom secondary symptoms have since developed themselves. A man should never marry after having had hard chancre, until sufficient time has elapsed to test the probability of his developing secondary symptoms. These diseases may be communicated in other ways, also. Some time ago, there was an interesting case at the London Homœopathic Hospital, of a woman who was infected through the nipple, from suckling the child of a sister-in-law, who had died whilst labouring under secondary symptoms of the skin; and it appears now beyond a doubt, that the virus may be conveyed from one child to another, in ordinary vaccination. I have, I think, seen some reliable cases of this kind.

Various causes favour the development of secondary

symptoms. The most constant is, unquestionably, the previous existence of a hard chancre. Whilst it may be questioned whether the production of secondary syphilis is confined exclusively to the indurated ulcer, it is now a well-established fact that, where such an ulcer does exist, where it is long in healing, and especially if it be attended with hardened glands in the groins, secondary symptoms are almost sure to follow. This should be explained to the patient, because the occurrence of these secondary diseases is often regarded as a reflection on the surgeon's skill. This is both unfair and unfounded. The appearance, or non-appearance, of secondary symptoms is a matter beyond the control, in most cases, of the very best treatment that can be adopted. Daily experience proves the fact that, whether the patient be treated with the large allopathic, or the small homœopathic doses of mercury, secondary symptoms, in some form or other, will follow. That too much mercury has a tendency to aggravate secondary diseases, is beyond dispute. This is generally admitted, even by practitioners of the old school; and the practice of homœopathy confirms the opinion; since it is amply verified, that secondary symptoms occur after homœopathic treatment, in a much milder and more curable form, than after salivation. Improper diet, especially indulgence in spirituous drinks, during the treatment of the

chancre, operates as an aggravating cause. Insufficient treatment, and the consequent imperfect cure of the primary sore, favour the development of secondary disorders. Treatment should, in all cases, be continued until the last traces of hardness in the cicatrix have disappeared.

The diagnosis of the early secondary syphilitic diseases is, generally, not a difficult matter. They are so well marked and distinct, and the recent existence of a hard chancre is, commonly, so easily to be ascertained, that the surgeon can hardly fail in arriving at a correct conclusion, as to the real nature of these complaints.

The diagnosis of chronic secondary affections is more difficult. The history of the case is our best guide, but the length of time at which some of these disorders appear after infection, often envelops them in obscurity, even when the fullest information that can be given, is at our command. But, it is sometimes impossible, having proper regard to the feelings of the patient—I allude here to the cases of women—to obtain the necessary information on which to base an opinion. I had formerly some female patients under care in the London Homœopathic Hospital, with whom this difficulty occurred, but about the specific nature of whose complaints, I entertained the strongest suspicions.

The character and position of the patient are,

also, sometimes apt to mislead our judgment. I have seen some curious and surprising instances of this, in which, nevertheless, I have entertained no shadow of doubt of the specific nature of the disease; and the result of the treatment has generally justified the diagnosis. Happily, in homœopathic practice, we are able to cure our patient whilst sparing his self-respect. A gentleman, whose age and other circumstances were calculated to disarm suspicion, consulted me for a chronic ulcer with hard base and everted edge, occupying the end of the thumb, as far as the first joint. It had existed six months. He had sought various advice, the last being that the thumb should be amputated, on account of the supposed malignant character of the sore. A minute and careful examination of the case led me to suspect that it was syphilitic, and, prescribing *Mercurius sol.* and *Kali hydriodicum*, with *Calendula lotion*, I had the satisfaction of seeing the thumb restored, whole as the other, in less than a month.

Next to a reliable history of the case, the obstinate persistency of the symptoms is one of the strongest confirmatory signs. Almost any chronic disorder yields more readily than old-standing syphiloid affections. Frequent relapse, after apparent cure, is another diagnostic sign of syphilis.

The deep copper-colour of existing skin diseases, or of the stains left by former attacks, as also the

nocturnal aggravation of bone-pains, are characteristic of the same taint. One of the female patients to whom I just now alluded, and who was admitted for old-standing tubercular ulcerations and formations around the knee, had also copper-coloured stains on the lower part of the leg, and nocturnal pains along the shin-bones. The great attention which has lately been paid to this class of diseases, has thrown much light upon the subject, and has pretty clearly established the fact, that many anomalous symptoms and conditions of the system, which formerly baffled diagnosis, owe their origin to a syphilitic taint.

It is not my intention to enter into a lengthened and minute description of the numerous forms which secondary symptoms assume. Such a course would occupy a disproportionate amount of space, and, for practical purposes, is, moreover, unnecessary. The constitutional taint, there is reason to believe, is one and the same, in all the manifestations of syphilitic diseases; and modifications of treatment are demanded, less by the variations in any particular class of these diseases, than by the constitution of the patient, and by the peculiarities of the different structures which they attack.

Ricord gives the following description of the accession of secondary symptoms:—"The manifestations of constitutional syphilis may appear in the second

or third week after contagion; but the general rule is about the sixth week, and it frequently happens that they do occur in the third month. The complexion then begins to alter; the skin loses its natural brilliancy, and assumes a dull earthy hue; the eye gets dim; the patient loses all bodily and mental vigour, becomes inactive and sad; the hair gets dry, and loses its smoothness; giddiness and headache set in; there is great uneasiness about the neck, and a peculiar supra-orbital pain. The head symptoms generally begin in the evening, and cease towards morning; reclining and the warmth of the bed increase them greatly. It is not quite correct to give these symptoms the name of nocturnal pains, for they are entirely dependent on the bed and the horizontal posture, since bakers, and people who go to rest by day, have them immediately they lie down.

"The supra-orbital region seems to be the point most liable to these pains; and when the latter are very acute, the patient feels as if his eyes were being driven out of their sockets.

"The affected parts do not, however, present any redness or swelling, nor are they painful to the touch. The headache is sometimes strictly symmetrical, and, by occupying one side of the head only, it entirely simulates hemicrania or intermittent facial neuralgia; but with all this, there is no

apparent lesion observable. If the disease be allowed to proceed, the neuralgia, which had begun in the fifth pair, attacks the seventh, and produces paralysis of the face; and if we were not guided by the chain of preceding symptoms, we might easily ascribe the whole mischief to rheumatism. I have often treated cases of this sort, and I almost always succeeded in curing them by *Iodide of Mercury*. I have even met with instances where the seventh pair was primarily attacked, without any previous neuralgia. After all these symptoms, substernal pains come on, which latter Baglivi looked upon as symptoms of latent syphilis; then circa-articular uneasiness, accompanied with great lassitude in the limbs, just the same as happens before eruptive fevers. These articular pains are not situated in the centre of the joint, but all around it; they are fugacious and intermittent; they do not produce any swelling or redness in the part, and are not augmented by pressure; they are vague, erratic, and nocturnal, presenting the same characters as the cephalalgia mentioned above."

The skin, and the mucous membrane of the throat and mouth, are the parts most frequently affected. The symptoms follow no regular course in their accession; sometimes the skin, sometimes the throat, being the part first attacked.

The secondary affections of the skin are very

various, and may be ranged under the following heads, viz. exanthematous, papular, vesicular, tubercular, pustular, squamous, and ulcerative.

The exanthem is generally the earliest of the skin diseases. It is at first rosy, subsequently copper-colour. It may appear on different parts of the body in succession, or over nearly the whole surface at once. The face and forehead, the arms, chest, and abdomen, are the parts in which it commonly makes its appearance. It assumes the form of flat, even, discolorations of the skin, and has been mistaken for measles, to which it bears, in its earliest stage, a considerable resemblance.

Papulæ, or Pimples, are another early form of secondary eruption. The most common is that, the top of which, after a few days, becomes covered with a fine scurf. These pimples may be pale, or red, or of a darker colour still. This eruption, when allowed to attain its full development, unchecked, as sometimes happens, by proper treatment, becomes dark coloured and acuminated, and the whole surface of the body, from head to foot, is studded with it: reminding one, at the first glance, of a fading case of smallpox. A case of this kind was recently under my care. The patient had no suspicion of its nature, not being conscious of having had chancre. The appearance of the eruption was preceded by general malaise, and neuralgic pains in the head.

The female with whom he cohabited, had syphilitic roseola at the same time. Both cases yielded readily to *Merc. sol.*, followed by *Kali Hydriodicum.* On the lower extremities the spots are apt to be broad, flat, and of a deep copper-colour. The absence of itching in these pimples is said, by some authors, to distinguish them from other pimples which are non-venereal, and are generally attended with much itching. I have noticed some exceptions to this rule, which is by no means general, and, if too much relied on, may mislead. These pimples in some cases enlarge into circular patches or rings, the whole being covered with fine scales, constituting *psoriasis.* This form of the complaint, when it attacks the palms of the hands, is one of the most intractable of the syphilitic eruptions.

Pustular Affections are amongst the later and more aggravated of the syphilitic skin diseases. They occur in debilitated and broken-down constitutions, and are not uncommon accompaniments of that terrible condition known by the name of *syphilitic cachexia.* One of the most inveterate and obstinate of its manisfestations, is that which results in the formation of the hard lamellated scab called *rupia.*

Ulcerations of the skin, differing from those which result from the rupture of the pustules we have just named, or from the suppuration of tuber-

cles, are amongst the most obscure and anomalous of secondary symptoms. Yet, there is often little or no doubt as to their syphilitic origin. A very remarkable case of this kind was admitted into the London Homœopathic Hospital under my care. The man was covered from head to foot with hundreds of superficial ulcers, which clearly owed their origin to a syphilitic taint.

TUBERCLES comprise abnormal growths, in which the diseased skin is raised abruptly, or in a rounded, hemispherical form above the surface; also, flat elevations of the mucous membrane of the tongue, velum, corners of the mouth, &c., and lumps under the skin of different parts of the body.

Lastly, AFFECTIONS OF THE SCALP, scurfs, impetiginous eruptions, falling off of the hair, &c., must be mentioned, in this brief notice of the secondary diseases of the surface of the body.

INFLAMMATION and ulceration of the mucous lining of the throat and mouth, are amongst the earliest signs of syphilitic taint. This affection makes its appearance either by itself, or simultaneously with skin eruption, or at a later period. The causes of common cold will sometimes excite this disease into action, and there is every reason to believe that but for such

cause, these patients might entirely escape the attack.

The fauces and tonsils are the parts most commonly attacked. The patient often mistakes this for ordinary sore-throat. To the practised professional eye, it is easily distinguishable from all other throat affections. The deep red colour of the membrane; the superficial ulcerations; the copious discharge of mucus; the persistency of the disease; and the absence, commonly, of the other symptoms of catarrh which attend an attack of simple cynanche, and above all, the presence, either at the time, or shortly before, of chancre—all these combined can leave no doubt on the surgeon's mind, as to the real nature of the case. This affection assumes various degrees of intensity in different cases, from the first faint blush of the membrane, up to the deep ulceration which entails the almost total destruction of the tonsillary glands, the velum, and the uvula. The worst cases are those which assume a phagedænic character, and then the destruction of parts is rapid, extensive, and not devoid of danger. The lining of the cheeks, the lips, and the covering of the tongue, are frequent seats of secondary syphilis. The inflammation of these parts is less intense than that of the throat. Indeed, there is often but little or no increase of the natural redness of the parts; on the contrary, without being

ulcerated, they assume, in the first instance, a whiter aspect than usual, and look as though they had been touched with lunar caustic. Superficial ulceration of the cheeks and sides of the tongue may succeed to this, and on the dorsum of the latter organ, elevations of the epithelium, and cracks of a painful nature, are apt to supervene. These affections of the tongue are amongst the most obstinate of the sequelæ of chancre. After all other traces of the taint have disappeared, these ulcerations and cracks will, from time to time, recur for many months, or even years.

Treatment of Secondary Syphilis.—The diversity and obstinacy of these diseases, render their treatment one of the most difficult, and, at the same time, one of the most interesting subjects that can engage the attention of the medical practitioner. It has engrossed the study and research of many of the most eminent surgeons, from John Hunter's time to the present day; and truly, when we consider the effects of the syphilitic virus, not only upon the constitution of the patient himself, but, possibly, also, upon that of his offspring, it is difficult to overrate the importance of the subject, or to name any other more worthy to occupy all the care and skill which the profession can bring to bear upon it.

It was at one time the almost universal persuasion that secondary syphilis was incurable, and even now this opinion has its adherents. On the other hand, there are those who, more sanguine than wise, do not hesitate to promise their patients a speedy and permanent cure. The truth in this, as in most other cases, lies between extremes. There is no doubt that in recent cases of secondary disease, occurring in good constitutions, and where the system has not been saturated with mercury, complete and permanent eradication of the symptoms may be safely prognosticated. On the other hand, it is equally certain that, when the taint has once entered the circulation of persons of depraved, scrofulous, and broken-down constitutions, it may but too confidently be predicted, that, though secondary symptoms may, for a time, appear to be successfully combated, relapses will occur with more or less virulence for many years, and, possibly, for the remainder of the patient's life.

The treatment, in former times, of primary syphilis with destructive doses of mercury, by inducing the very state of system I have just described, had much to do with the development of secondary diseases in their most inveterate and intractable forms. Modern science, better instructed, obviates much of this mischief, by avoiding the use of mercury altogether in treating some cases of primary ulcer, and by

giving it in more moderate quantities when it is employed. Still, I am convinced that there is room for yet greater improvement, and that homœopathy points out the way to it; and to this important point we now proceed to direct our attention.

Secondary syphilis consists in the introduction of a poison into the blood, and the cure of it, in the neutralisation or eradication of that poison.

The attainment of this object must be sought in the careful, judicious, and prolonged use of medicines, and in the adoption of such measures, hygienic and dietetic, as are best calculated to sustain the patient's constitutional powers.

First, then, as regards medicines. It is beyond a question that, as with the original sore, so with many of the constitutional symptoms which result from it, mercury is one of the most efficacious remedies. We constantly meet with cases in which the primary and the secondary diseases coexist, and in which the mercury given for the one, cures the other at the same time. Several examples of this are reported further on. There is commonly in these instances this advantage, viz. that mercury has not previously been administered, and it is precisely in such cases that the curative action of that medicine is most decided. The same thing holds good with reference to the secondary symptoms. If mercury has been given to any con-

siderable extent for the cure of the chancre, the benefit to be derived from its administration in the treatment of secondary symptoms will be much less marked, than in those cases in which it has been given in very minute quantities, or not at all. In either of the latter instances, unless there exist some special circumstance to forbid its use, mercury is often of the utmost value in combating the earlier secondary diseases of the skin; the erythema, papules, and squamæ. Over the more inveterate eruptions, it has, comparatively, but little power. When, therefore, a well-marked and undoubted case of secondary eruption presents itself, following closely, or at no great distance, upon the primary disease, and in which the patient has not been mercurialised, it is well to commence the treatment with one of the lower dilutions of the iodide or biniodide of mercury—the second or third decimal, in five-grain doses three times a day. I have latterly prescribed the second decimal of *Mer. sol.* with equally good, if not better, results. The one or the other of these should be steadily persisted in until the eruption has vanished, or until it appears certain that the medicine has effected all the good that can reasonably be looked for from it. In many constitutions, these eruptive disorders are remarkably obstinate, and no remedy will exercise a sudden influence over them. The mercury having had a fair trial, if

it fail in effecting a complete cure, another medicine must be resorted to, and the

Kali hydriodicum claims our next attention. This is a remedy of undoubted power in treating the secondary diseases of syphilis; and in the majority of cases of skin affections, as well as affections of other tissues, its aid is indispensable in expediting or completing the cure. In obstinate cases, especially those occurring in scrofulous constitutions—and they are the most obstinate—it is a good plan to give this medicine alternately with one of the above-named preparations of mercury, not in alternate doses, but during alternate weeks, *i. e.* the *Kali hydriodicum* one week, *Mercurius* the next, and so on. Excellent results will often spring from the alternate action of these and other remedies; and the more so, the less rapid the alternations. To obtain its full curative action in syphilitic diseases, the *Kali hydriodicum*, like the preparations of mercury, must not be administered in too small doses. I am in the habit of giving five grains, or even more, of the salt, three times a day, in aqueous solution. The principal indications for its use are—a scrofulous and debilitated constitution; enlarged glands in the groin, the throat, or neck; the previous exhibition of mercury in excess, marked by red and inflamed gums, sore-throat, foul breath, nocturnal bone-pains.

Iodium—preparations of the simple metal—may be used with advantage, in the quantity of five drops of the second decimal tincture, in water, three times a day. But on the whole, the compounds of iodine, with mercury or potash, are to be preferred.

Acidum nitricum—is another medicine which has long enjoyed a wide-spread reputation in the treatment of secondary symptoms. My own experience has not inspired me with unbounded confidence in its powers, in the early secondary eruptions. Like *Kali hydriodicum*, it is distinctly indicated in cases where patients suffer from the effects of over doses of mercury. It is an excellent antidote to that metal; but as, under homœopathic treatment, these cases of poisoning do not occur, and when homœopathy shall become the sole system of medicine, they will cease altogether, the question arises, what, under such circumstances, will be the proper sphere of *Acidum nitricum*, in the treatment of secondary syphilis? It appears to me that the grounds on which it is prescribed, in the early skin eruptions, are somewhat slender. I have administered it in many cases, but the results, if not equivocal, have been by no means striking, nor to be compared with those obtained from the iodides of mercury and potash. This may, to some extent, have been due to the smallness of the dose exhibited: the third decimal, and higher still.

Cases of ulceration of the mucous membrane of the throat, mouth, and nose, appear to me to be the most appropriate for the use of this medicine, in the early secondary diseases. It should be administered in from five to ten drops of the first or second decimal dilution, three times a day. Smaller doses, if not entirely inoperative, are certainly less efficacious. I have obtained much more decided results since I have used it in the larger doses.

Treatment of the diseases of the mucous membranes.—These diseases, as has already been suggested, are often induced by exposure to cold. When so induced, if the patient be at the time, or have recently been, affected with syphilis, these cases acquire a peculiar character from that circumstance—they become chronic, secrete copiously, and the tonsillary glands may become much enlarged, and deeply ulcerated. These attacks, though of a syphilitic type, may, I think, sometimes be arrested by the usual remedies for catarrhal sore-throat, viz. *Aconitum, Bell., Apis,* and *Mercurius corrosivus.* After *Aconite* has been exhibited, to reduce any general febrile excitement, as well as to act on the local disorder, *Apis* is often very efficacious, in five-drop doses of the first decimal tincture. If it fail, *Belladonna, Lachesis,* and *Mercurius corrosivus*—especially the latter—should be had recourse to.

In cases of inflammation, or ulceration, of this same part, in company with other secondary symptoms—of the skin, for example—if mercury have not already been administered to excess, the iodide or bin-iodide of that metal, in five-grain doses of the second decimal, should be administered three times a day. The throat will often get well, *pari passu* with the other symptoms; but should the disease persist when these have vanished, the treatment may be directed against it, specially. *Acidum nitricum* is here a useful remedy, and may be given internally, in ten-drop doses of the first or second decimal tincture, three times a day; and at the same time a gargle, composed of half a drachm of the pure acid in eight ounces of water, may be employed locally. This, though beneficial in some cases, is far less efficacious than the *Argentum nitricum*. This may be applied in its solid form when practicable, or in solution, in the proportion of five grains to the ounce of distilled water; the throat should be mopped with this twice or thrice a day. I employ this medicine in one of these forms in the majority of cases of syphilitic sore-throat, and the comfort derived from it is immense.

It is beyond dispute that some persons are more susceptible than others, to constitutional syphilis. It is equally certain that the scrofulous constitution is that which is most exposed to its attack. That

being so, the importance of attending to the general health of the patient, during the course of secondary syphilis, is self-evident. He should carefully observe all measures calculated to maintain his health in the finest possible condition. In the early secondary diseases of which we have been speaking—of the skin and throat—being, as they commonly are, inflammatory and febrile, he should indulge in alcoholic drinks very sparingly, or not at all, at least in the earlier stages, He should live on plain, good, nutritious food. In keeping with this, as well as in reference to the depression of the general powers, which commonly characterise constitutional syphilis, cod-liver oil is an agent of first-rate importance. Possessing the advantage of not being medicinal, and therefore of not interfering with the action of medicines, I find it in many cases an excellent substitute for the renowned *Sarsaparilla*—a medicine, by-the-by, which, when there is no particular indication for other remedies, may be prescribed with great advantage. A small quantity of cod-liver oil is sufficient—a dessert-spoonful, taken every night at bedtime. Larger quantities, taken at other periods of the day, are apt to do more harm than good, by nauseating the patient and destroying his appetite. If the throat or mouth be affected, he should strictly avoid smoking. He should not overfatigue himself. For skin diseases he should take a

warm bath twice a week. He should clothe himself judiciously, and carefully guard against the common causes of cold.

The following medicines may also occasionally be administered with benefit, viz. *Acid. Sulphur.*, *Lachesis, Phosphorus, Hepar Sulph.*, and *Sulphur.*

CONDYLOMATA, OR MUCOUS TUBERCLES.

I HAVE already spoken of the vegetations that spring up from mucous membranes—chiefly those of the corona glandis, and the under surface of the prepuce—and of the measures that should be adopted for their removal. These growths are non-specific, are due to local causes, and require, for the most part, only local treatment.

Syphilitic condylomata, on the other hand, whilst in some cases they seem to arise from, or, at all events, to be fostered by, local secretions, as, for example, when they appear near the anus or on the pudenda, are yet clearly of a specific nature, and demand constitutional as well as local treatment.

These growths vary in size, colour, and shape. They are more or less raised above the surrounding

surface, and are generally either flattened or rounded in form, and correspond pretty closely in colour with the surface on which they rest. They are most commonly met with in situations where mucous surfaces come in contact: about the anus, under the prepuce, at the commissures of the lips, on the dorsum of the tongue, and on the vulva and pudenda of females. Their surfaces are often open, and secrete an irritating discharge, and emit an offensive odour. When located at the anus, or on the vulva, they are rendered very painful by the passage of the fæces and urine.

The Treatment must, as a rule, be both constitutional and local, although I have seen some cases yield to the outward application of *Lotio nigra* alone.

The constitutional treatment consists of *Mercurius solubilis* in the first instance, and of *Acid. nitricum* afterwards, if necessary. The *Mercurius* alone is often sufficient. I had several examples of this in the London Homœopathic Hospital. They occurred chiefly among women, whose pupenda,—and in one case the anal region also,—were literally studded with condylomatous growths. A course of *Mercurius sol.* 2x, whilst at the same time the parts were covered with linseed-meal poultices, or lint soaked in *Lotio nigra,* effected a thorough cure in the space of two or three weeks. Should the disease

prove obstinate, the *Mercurius* should be followed by *Acidum nitricum,* in doses of from five to ten drops of the first decimal, three times a day. It should be well diluted with water, to obviate any chemical action on the teeth.

The local applications that I have found most useful are, the *Lotio nigra, Lotio calendula,* linseed-meal poultices, and dry cotton wool. In some foul and aggravated cases, such as I have just alluded to, a few linseed-meal poultices are indispensable, to cleanse the diseased parts. These may be followed by the *Lotio nigra,* or by *Lotio calendula* if the former be found too irritating. When situated near the edge of the anus, where these warts are apt to be very intractable, the *Lotio nigra* may be applied at night, and dry cotton wool in the day. The latter adheres to the wart and dries up the discharge, whilst the recumbent posture in bed, favors the retention of a wet dressing, which would fall away when the patient was erect and moving about.

If these measures fail to arrest and disperse the growths, their surfaces may be touched every second day with solid lunar caustic. This is especially called for when the tubercle is situated on the tongue, or other portion of the lining membrane of the mouth.

SYPHILITIC DISEASES OF THE EYE.

The eye is subject to the influence of the syphilitic taint, as is manifested in the production of various diseases of a painful and, at times, destructive character. The most common are iritis and ophthalmia, and to these I shall principally confine my remarks.

Iritis.—The symptoms of syphilitic iritis are very marked and characteristic, viz. an altered colour of the iris of the diseased eye, as compared with the healthy one; the deposit of small red or brown spots of lymph on the surface of the iris, giving it a puckered appearance; irregularity of the free margin of the pupil, which is commonly drawn in an angular shape, upwards towards the inner canthus; and a red zone of the sclerotic vessels surrounding the cornea. In some cases there is pain in the eyebrow and temple and forehead; in others this is absent, especially during the day.

Treatment.—There are several homœopathic medicines besides *Mercurius,* which exercise a control over this disease. A case—No. XXIV—will be

found further on, in which, after *Mercury* had been given in allopathic doses for the primary disease, an attack of iritis which supervened, was subdued by *Aconitum, Belladonna,* and, ultimately, *Arsenicum.* It is, however, beyond a doubt that *Mercurius* is our sheet anchor in this affection, and it is, alone, commonly the only medicine required. There are, indeed, few things more interesting in the practice of medicine than the visible effects of this remedy in the subsidence of inflammation, the absorption of the lymph deposits, and the restoration of the pupil to its normal shape. It should be administered in sufficiently large and rapidly repeated doses: from five to ten grains of the second decimal trituration, every four hours. Circumstances may seem to render it desirable to commence the treatment with *Aconitum* and *Belladonna,* but, as a rule, it is better to resort at once to the *Mercurius,* even though the one or the other of the two medicines I have named, be alternated with it. Simultaneously with this treatment, the pupil should be kept well dilated by dropping into the eye every day, or twice a day if needful, a solution of the *Sulphate of Atropine,* one grain to an ounce of water; and the light should be carefully excluded from the eye.

OPHTHALMIA—is not commonly included amongst

the diseases incident to syphilis. But, from its close connection with the recognised secondary and tertiary symptoms, as well as from the ready manner in which it yields to the single action of mercury, I am satisfied that it is by no means an uncommon result of the syphilitic taint. Within the last few months I have treated two cases (Nos. XXVI and XXVII) strongly confirmatory of this opinion. The symptoms of this disease are so palpable and well known as scarcely to need description. The most constant and prominent of them are, bright redness of the conjunctiva—the redness being entirely superficial—intolerance of light, and lachrymation. In the more acute cases these symptoms are all aggravated, and the discharge becomes purulent.

Treatment.—Whilst it is open to the practitioner to resort in the first instance—as is done in other kinds of ophthalmia—to the use of *Aconite, Belladonna, Merc. cor., Euphrasia,* or other appropriate medicines, my own observation teaches me that in syphilitic ophthalmia it is better to commence at once with *Mercurius solubilis;* and further, that this medicine alone, in the majority of cases, is the only one required. The two cases to which I have already referred are striking proofs of this. I have seen instances in which it has been necessary to have recourse to other medicines, but they are the exception.

The rule is as I have stated; and it is so, I believe, mainly because these syphilitic cases are, for the most part, of a rather mild and adynamic character. The pain is ordinarily not so severe, the intolerance of light is not so great, the discharge is not so copious, as in rheumatic and catarrhal ophthalmia. Five grains of the medicine—*Mer. sol.*—may be given every four hours. Amendment generally commences within a few hours, and continues until the cure is completed. Should there be a halt in the improvement, the *Merc. sol.* should be omitted for a while, and a few doses of the mother *Tincture of Sulphur* interposed, and then the former medicine should be resumed.

Local treatment, beyond the exclusion of light, is not ordinarily required. Should the pain, however, be severe, the application of a tepid or cold water compress over the eye, or of a spray of tepid water by means of the eye douche, or of the steam of hot water, may be resorted to with great comfort to the patient.

The deeper seated structures of the eye are not exempt from the syphilitic influence. Of these, affections of the optic nerve are at once the most common and the most deplorable in their results; leading, as they sometimes do, to total blindness. I

have seen some cases happily rescued from this impending calamity by *Merc. sol.*, *Belladonna,* and *Kali hydriod.*

Years ago, a good marksman amongst the volunteers was under my care for such an affection. The disease followed at a short interval after an attack of primary syphilis. For some time he lost, almost entirely, the sight of the right eye. He suffered, also, so severely with head pains and vertigo, as to lead me to suspect that the source of the optic nerve was more at fault than the retina. Steady perseverance in medical treatment, with sea side, thoroughly restored him.

An interesting case (No. XXVIII)—communicated to me by a colleague—of total loss of sight from disease at the socket, is well worthy of notice, as showing the action of the two great anti-syphilitic remedies, *Mercurius* and *Kali hydriodicum,* as well as the beneficial action of *Sulphur* after those medicines seemed to have exhausted their power.

SYPHILIS IN CHILDREN.

Infants, from birth up to a few months old, may develope syphilis. As a matter of course, it appears only in the secondary form, and that, of disease of the skin, and of the mucous membrane of the nose, throat, and mouth. The question of the source of the contamination is an interesting one. It has long occupied the attention of medical men, and opinions on the subject are still divided; some believing that the infection is derived from the male parent through the semen, others that the disease can only be imparted by the mother. My own observation inclines me to the latter opinion. There is a strong and obvious reason for this opinion in the undeniable fact that, whilst the frequency of constitutional syphilis in single, and even in married men, is notorious, the occurrence of infantile syphilis is, comparatively, very rare. We are, I think, justified on this superficial view of the question alone, in concluding that the infant very seldom, if ever, manifests the disease without the mother having been previously infected. I have seen numerous instances

of infection from the mother, but none that I could trace directly to the father. Of the former mode of contamination there is no doubt. If the mother have had syphilis shortly before becoming pregnant, or if she contract it during pregnancy, then there is too much reason to apprehend that the infant, also, will be affected. But it is, happily, by no means invariably so. I have repeatedly seen instances to the contrary. For example—Mrs. A. having had syphilis, and still retaining some symptoms of the disease, became pregnant. The infant was born prematurely, with distinct syphilitic eruption, and soon died. Two years later, having in the interval lost all signs of the disease, she gave birth to a fine healthy child, which never betrayed any signs of infection. Again—Mrs. B. had distinct syphilitic eruption, which disappeared only after she became pregnant. She, also, was delivered of a fine healthy child, which never manifested the slightest sign of the disease. A year later the eruption reappeared on the mother. Once more—Mrs. C. had secondary syphilis severely, from which, up to the present time, she has never been entirely free. Yet, in the meantime, she has borne a beautiful healthy child, which, being now two years old, has, happily, escaped the disease.

The question as to whether a syphilitic infant can infect a healthy wet-nurse, is of considerable import-

ance, and may involve serious consequences. On this point, again, medical opinions differ, some authorities taking the negative, others the affirmative, side of the question. Leaving the question open as applying to a nurse with perfectly healthy nipples, there can, I think, be but little doubt, that sore or cracked nipples may offer a ready inlet to the poison, from an infant suffering with syphilitic sore mouth; and it is equally clear that every precaution should be taken to prevent such an occurrence. Whenever a nurse is suckling an infected child, whether her nipples be sore or not, they should be well lubricated with glycerine and sweet oil, both before and after the child is applied. But, by far the best safeguard is a nipple shield, which, if it do not render infection absolutely impossible, certainly reduces the risk of it to the smallest degree.

The symptoms of infantile syphilis are distinct and peculiar, and not easily to be confounded with other eruptions to which early childhood is liable. The disease may present itself at birth, or make its appearance at a later date—within a few days, weeks, or months. In the former case, the child is puny and weak, and instead of growing and thriving, as a healthy infant does, commonly dwindles and dies. The later the period at which the disease shows itself, the greater chance there is of its assuming a

tractable form, and of the child's thorough recovery. Even before the eruption appears, the condition of the infant is premonitory of the disease. It is wanting in the quiet repose and contentment of ordinary infancy. It cries, and moans, and frets, and looks sad, and old, and withered. After a few days an eruption of deep copper-coloured spots makes its appearance on different parts of the body: on the nates and thighs, on the feet and hands, around the mouth and the anus, and sometimes on the trunk and head. The inside of the mouth and throat and nostrils becomes inflamed and ulcerated, and secretes, copiously, mucus or acrid pus, greatly obstructing both deglutition and breathing. The spots are commonly raised somewhat above the surface, in the form of flattened tubercles, which may ulcerate in one part and remain dry in another, or become covered with eczematous scales. These symptoms, as might be supposed, vary greatly in degree and combination, from the simple snuffles in the nose, to the most complete and aggravated form of the disease.

Treatment.—This lies in a small compass, and, when applied early, is generally successful within a reasonably short period. As in the case of the adult, so, also, in the present case, our chief reliance is to be placed in *Mercurius solubilis* and *Kali hydrio-*

dicum and *Acidum nitricum*. Of the first, from the fourth to half a grain of the second decimal trituration may be given, three or four times a day. Very often, no other medicine is required, but if it be, then one or two drops, or even more, according to the age of the child, of a saturated aqueous solution of *Kali hydr.* should be given, three times a day. *Acid. nit.* acts well when ulceration of the nostrils and throat are prominent symptoms. A drop or two of the third decimal is a proper dose. The throat may be mopped with a weak lotion of the same. Cod-liver oil should, at the same time, be given, by allowing the infant to suck it, repeatedly in the day, from off the end of one of the fingers of the nurse. As these little sufferers seldom thrive on their mother's milk, a healthy wet-nurse should be procured; the nature of the case having been previously explained to her, in order to avoid subsequent misunderstandings, or other unpleasant consequences.

TERTIARY SYPHILIS.

Certain products of the syphilitic taint, more inveterate than those we have been considering, and commonly affecting the system at a later period, have been, I think unfortunately, named tertiary symptoms. I say "unfortunately" because the features which are said to distinguish the so-called tertiary affections from the earlier effects of syphilis, are often falsified by nature. We constantly meet with cases in which the two classes of symptoms are mixed up together. Very recently I saw a patient suffering, considerably within the prescribed limit of six months after infection, from syphilitic roseola, and nodes of the frontal bone. Why should the one be called secondary and the other tertiary? Moreover, it is admitted that, in some cases, there is no intermediate disease between these symptoms and the primary sore; so that, correctly speaking, they are not tertiary, but secondary. It appears to me that, if the term "tertiary" be retained at all, it would be more appropriate to restrict it simply to the question of time: designating as "secondary symptoms" those

which follow immediately upon the primary sore, and those as "tertiary" which recur, or appear for the first time, at long intervals after primary infection. As at present used, the term tends to create confusion in diagnosis, and, as far as I can see, serves no good practical purpose.

These diseases are said to have lost the property, which the secondary symptoms retain, of infection. They seldom appear earlier than six months after the primary disease, and there is no certain immunity from them for many years afterwards; patients having been known to develope them at the end of ten, twenty, or thirty years. Either as local diseases, or in the form of syphilitic cachexia, these symptoms may affect every organ and structure of the body. A very striking characteristic—especially of the more remote—of these symptoms, is, the insidious, and often unobserved, manner in which they develope themselves. They are often of a general and negative, rather than of a positive nature. The patient complains of general malaise: loss of mental, and physical, and virile power; loss of flesh; loss of appetite; depression of spirits; inability to exert himself and attend to his business. In many cases these symptoms have their root in a syphilitic taint, to which the medical man should always be alive. A mistake in diagnosis, leading to mistaken and fruitless treatment,

is here very easy. Take an example—Mr. A—, a farmer, æt. 44, a remarkably steady, quiet, married man, consulted his physician for a train of symptoms, closely resembling those I have just described. He had great loss of power, amounting to threatening paralysis of the left side of the body—face, tongue, and extremities. He reeled and staggered as he walked. He was confused in his head and intellect. His skin was sallow and cold; his lips pale; his pulse slow and weak. He had been a year or more under treatment. He was a teetotaler, and his medical attendant, attributing his ailments to this, gave him tonics, cod-liver oil, and wine, but with no good result. On the contrary, he got weaker and weaker, up to the accession of the half-paralytic symptoms I have described. The history of the case excited my suspicions as to its real nature. On inquiry he confessed to having had chancre twelve years previously. Instituting a rigid examination for any visible signs of syphilis, I detected a thickened and elevated patch of skin, of a copper colour, and about the size of a half-crown piece, behind the left ear. It had been there for a considerable time. It caused him no pain or inconvenience, and therefore he had not thought it necessary to mention it to his medical man. Upon the strength of this evidence—it may appear slight, but, to my mind, it was enough—I

prescribed *Kali hydriodicum*, with immediate benefit. From that moment he began, and continued, to mend, until all his constitutional symptoms, together with the diseased patch behind the ear, disappeared. I have seen other analogous cases, but this one will suffice to show the importance of being on the watch, for what may, not inappropriately, be called—Latent Syphilis.

The tertiary diseases are chiefly the following: viz., affections of the bony structure, of the skin and cellular tissue, of the testes, of the brain and spinal cord, of the eyes, and of the system at large in the form of syphilitic cachexia. We will devote a few words to each of these, in the above order.

AFFECTIONS OF THE OSSEOUS SYSTEM.

PERIOSTITIS—OSTITIS—CARIES—NECROSIS. — Periostitis is the earliest and most common of these affections. There may be simple inflammation without perceptible thickening of the membrane; or there may be a deposit of plastic lymph, resulting in the formation of nodes. The long bones of the leg and forearm, and the flat bones of the skull, are most

frequently affected. The leading symptoms are: dull aching pains, generally worse at night; great tenderness on pressing the diseased part, and some impediment to free motion. Gradual enlargement and hardening of the swelling, and its conversion into bony structure, are the changes which result in hard node.

In OSTITIS the bony structure is inflamed. This is a common consequence of inflammation of the periosteum. It is apt to terminate in the formation of abscess which, discharging, exposes the denuded bone, and caries or the destruction of portions of the bone, is the result. The turbinated bones of the nose are very liable to become necrosed and detached. This may generally be detected by the highly offensive odour of the breath. The disease is often arrested by the separation of the bone, if the patient is at the time under proper treatment. When necrosis occurs in the skull, if both tables of the bone are destroyed, death may follow from exposure of the membranes of the brain. These severe cases of bone disease seldom occur, except in depraved and broken-down constitutions. They are attended with hectic and general failure of the vital powers.

Treatment.—In those cases of inflammation of the *periosteum* which follow within a short period—as

not unfrequently happens—after the primary sore, if *Mercurius* have not already been given, it is generally desirable to commence with that medicine. Either the *Mer. sol.* or *Biniodide* may be selected. I prefer the former. From five to ten grains of either of these preparations may be given three times a day. In some cases no other remedy is required; but in the majority it is necessary to resort to *Kali hydriodicum;* and here I may remark, in reference to the use of this remedy in tertiary syphilis, that doses larger than are ordinarily prescribed in other cases, are required. It is often necessary to give as much as ten or fifteen grains two or three times a day, before the desired object is attained. Some physicians are apprehensive of evil consequences from such doses. This is needless. I am persuaded that they are the safest and the best, simply because they are the most efficacious. Moreover, patients may go on taking the smaller doses, say from one to five grains, for an almost indefinite period, with but partial effect, or none at all, and ultimately take absolutely more medicine, than those who commence with the larger dose, and arrive at a speedier cure. This medicine is our sheet-anchor, not only in periostitis, but also in inflammation of the substance of bone—the flat bones of the head, the long bones of the extremities. *Acidum nitricum* may be substituted for it when amendment comes to

a standstill, and of this a dilution, containing one or two drops of the strong acid largely diluted, should be given three or four times a day. A weak lotion of this medicine, as a local application, is very useful in cases when the diseased part can be got at. When the disease can be conveniently reached it may be applied on lint or cotton wool. In other cases, where a sinuous opening only communicates with the bone, it may be injected with a small glass syringe, several times a day. In necrosis of the long superficial bones, as, for example, the shin-bone and the bones of the forearm, the dead portion may be removed; and the same may be said of the turbinated bones of the nose. These soon become loose, and if gentle traction be put upon them with a pair of forceps, they may generally be removed whole. This is very desirable, since the presence of dead bone in the nose, renders the breath intolerably offensive.

Besides the medicines of which I have just spoken somewhat in detail, there are others, the mention of which must not be omitted, in connection with this subject, such as *Aurum, Calcarea, Silicea, Mezereum, Phosphorus, Acid. phos., Sulphur*. The symptoms of most of these will be found to correspond in many points, with the diseases now under consideration. I have at different times employed most of them, but the results have been unsatisfactory. In larger

doses than I have yet given, they might possibly prove more efficacious.

GUMMATA.

This affection consists in the formation of small, hard, painless swellings under the skin of the scalp, neck, extremities, scrotum, and penis, and under the mucous membrane of the tongue. These tumours may either subside, or remain hard and movable for a long time, and ultimately suppurate and discharge, leaving deep, spreading, troublesome ulcers. In the tongue they are sometimes very annoying. The organ becomes hard and knotty, either in one portion, or throughout its whole surface—its free motions, in chewing and speaking, being greatly impeded. These lumps may be distinguished from cancer of the tongue by the absence of the lancinating pains which characterise that disease, and by the knots being more diffused and superficial; whereas cancer is in one lump, is stony hard, and implicates the whole thickness of the tongue, as well as the submaxillary glands. These deposits have been found in the brain, and are supposed to be in some cases the cause of syphilitic paralysis.

Treatment.—Mer. sol., Acid. nit., Kali hydr., Silic., and *Sulph.,* are the chief remedies.

SYPHILITIC SARCOCELE.

This consists in a gradual, and often at first unobserved, enlargement of one or both testicles. The function of the organs becomes impaired, the semen is altered in quality and quantity, and the venereal appetite diminishes. The enlargement, after having existed a longer or shorter time, may be succeeded by re-absorption of the abnormal deposit, and a gradual wasting, and, in some cases, almost entire disappearance, of the testis. As the disease advances, it is not uncommon to find more or less of hydrocele developed. This possible combination of the two diseases should be borne in mind, otherwise, in tapping too freely for the latter, the testicle may be severely wounded.

Treatment.—Biniodide of Mercury is the chief remedy, and under its action the swelling will often greatly diminish. *Aurum, Conium, Clematis, Phosphorus,* and *Sulphur,* may also, in some cases, be advantageously consulted.

SYPHILITIC DISEASES OF THE BRAIN AND SPINAL CORD.

The consequences of syphilis, as affecting the nervous centres, are so important that they must not be passed over unnoticed. Of these consequences paralysis, in different degrees, is the most common. The pathological condition which gives rise to these affections is still obscure. As has already been remarked, they are said to be owing to the formation of what are called 'gummata' in the substance of the brain, and possibly, also, of the spinal cord. Such deposits have been found in fatal cases. This is, however, only a partial explanation of the matter, otherwise we should not see the complete and permanent recovery which, happily, sometimes takes place in these cases; and for the same reason it is clear, that the brain is in a totally different state from that which prevails in apoplectic paralysis. The two conditions are further distinguished from each other by the circumstance of apoplexy being confined, in the main, to persons of advanced age, whilst the syphilitic paralysis attacks indiscriminately, the young, the middle-aged, and the old.

The loss of power may affect either one side of the

body, as hemiplegia; or the lower half of the body, as paraplegia; or it may be more limited and localised, as when it affects only some muscles of the face or throat. I have seen, and have under care at this time, examples of all these different kinds of paralysis, as the fruits of syphilis. One is a case of paraplegia in a young man under thirty years of age. Six or seven years ago he had syphilis, followed by severe secondary symptoms. From this he appeared to have quite recovered. Six months since, he got married, and from worry in business and other circumstances, became weak and depressed. Slight symptoms of the old disease manifested themselves on the skin, and these were succeeded by paralysis of the whole left side of the body. The attack, as is common in these cases, was not sudden, but gradual. Another patient, in the prime of life—a stout and hearty, but somewhat phlegmatic man—after having been afflicted for eighteen months with the ordinary run of secondary symptoms, gradually lost, to a considerable degree, the power of his lower limbs. He walked unsteadily, and could not feel his feet, and could with difficulty rise from a seat. The paralysis extended to the bladder and sphincter ani. This is not so recent a case as the previous one, and is now all but entirely recovered.

In a case of syphilitic cachexia, to which I have already referred, the partial loss of the power of

swallowing was a prominent and troublesome symptom.

Treatment.—Restoration from these attacks, as their nature would lead us to expect, is slow and tedious, and the treatment is correspondingly protracted and varied.

Of medicines, the *Iodide of Mercury* and the *Kali hydriodicum,* as aimed more directly at the cause of the disorder, hold prominent places. The latter, especially, should be persevered in for a considerable time. Amendment commonly attends on its exhibition.

As directed against the effects of the attack, the *Nitrate of Strychnia* is one of the best remedies. It may be given in five-drop doses of the $\frac{1}{200}$th dilution, three times a day. *Belladonna* is another medicine which must be borne in mind, especially when there is pain in the head.

Electricity is also a powerful agent in these cases. Either electro-magnetism, or the continuous current, may be applied in the ordinary manner, or through the more pleasant and efficacious medium of warm water: I allude to the electric bath.

Prolonged residence at the sea-side, is often necessary to complete the cure.

SYPHILITIC CACHEXIA.

This is the most direful of all the consequences of syphilis. Here the very fountains of life seem to be poisoned. Every function is deranged; the nervous and physical powers become exhausted; the countenance becomes sallow, and the surface anæmic; the flesh gets flabby; the body wastes; the limbs become weak and trembling; the appetite fails; and continued nervous fever, night sweats, and hectic, supervene. Conjoined with these symptoms are commonly found disease of the bones, tubercles, ulcers, and inveterate skin eruptions; and death may ensue from general anæmia, or from some internal organ, previously predisposed to disease, becoming disorganized, such as ulceration of the lungs or intestines. The circumstances which favour the development of this terrible condition are—a scrofulous constitution, improper treatment of syphilis, mercurialization, exposure to cold and damp, intemperance, bad living, and other causes tending to undermine the vital powers.

Treatment.—The cure, as might be expected from the inveterate nature of these cases, is both more

uncertain and more protracted, than in any of the forms of syphilis we have hitherto mentioned. Palliation and retardation in some cases, and in others such control over the disease as shall keep it in a state of quiescence, and cause the least amount of annoyance to the patient, is the utmost that can be anticipated. A complete and permanent cure is, unhappily, the result in only a minority of cases. Such a case is referred to at page 129, in speaking of the insidious and obscure manner in which syphilis sometimes invades the system. But, doubtful as the prognosis in any case of this kind must be, I am convinced that homœopathic medication holds out a more encouraging prospect of benefit to the patient, than the means commonly adopted in the ordinary system of treatment.

This advantage is due to the application of our remedies in accordance with the homœopathic law of similarities; to the greater number of remedies at our command; and to the wider field of action which, as a consequence, is opened up to us.

From the very nature of the circumstances, it would be impossible, advantageously, to do more than give a bare enumeration of the chief remedies applicable to the different phases of this disease. Each case, to be treated with any prospect of success, must be studied by itself, in reference to its particular and appropriate remedies. In simple and

uncomplicated diseases, such as the primary venereal affections, the symptoms of which are comparatively few and constant, distinct rules of treatment may be laid down. In affections so deep seated, so complicated, and involving so many organs and functions, as this, such a course would be impossible. We can here only indicate, not prescribe, the treatment.

In syphilitic cachexia, the following are amongst the most appropriate: *Arsenicum, Acid. phosphor., Acid. nitricum, Carb. vegetab., China, Ferrum, Kali hydriodicum, Iodium, Mercurius, Sulphur.*

Of these the *Kali hydriodicum and Acidum nitricum* hold foremost places. Mercury, in the form of the iodides, though occasionally called for, and doubtless very useful, is of less general avail than in most other syphilitic conditions. Both *Arsenicum* and *Ferrum,* as well as the different preparations of *Phosphorus,* are indicated in cases where the nervous centres, and the vital powers generally, are much exhausted.

Here again, as I have done before, when speaking of the primary venereal diseases, I would venture to express a decided preference, based on careful observation, in favour of more than ordinarily potent doses of the medicines. It should never be lost sight of that in syphilis, and especially in its secondary and tertiary forms, we have to deal with a

virulent, destructive, and all-pervading poison, which, circulating in, and contaminating, the blood, attacks the different organs, induces in them structural alterations, interrupts their healthy function, and so tends constantly to undermine the vital powers. To rouse and sustain these powers, to neutralize the depressing effects, if not to antidote the essence, of this poison, I am convinced that, as a rule, the higher potencies of medicines are useless, and that quantities, larger than the ordinary homœopathic dose, are essential. I am constantly meeting with cases, both of primary and secondary syphilis, in which the small doses have failed utterly, but which have improved, or got well, under the action of the same, or no better chosen remedies, simply because they have been administered in larger doses. For example, some time since, a gentleman consulted me for syphilis of the tongue, which had been treated with the medium and higher dilutions of Mercury and Nitric acid, without the slightest benefit; on the contrary, the disease advanced uninterruptedly, until it attained to the condition in which I saw it. A fearful, deep ulcer had destroyed nearly one half of the tongue, and was still spreading. The parts around it were much thickened and hard, and, but for its history, it might easily have been mistaken for cancer. This case got thoroughly well, with astonishing rapidity, under the doses which I have so repeatedly

indicated in the foregoing pages, of *Merc. sol.* and *Kali hydriodicum*. The patient was a young man of good constitution. I have seen him repeatedly since, and he remains well.

Here, also, I would repeat what has already been said with reference to the importance of attending to the general health of patients labouring under the constitutional effects of syphilis. It is not sufficient simply to give an infinitesimal dose of medicine and say, "Be thou clean." Collateral aid must be obtained from every agent, calculated to improve and sustain the patient's constitutional powers. These cases are almost always developed in scrofulous constitutions; or, if not, the diseases themselves have a tendency to depress the vital powers, and induce all those feelings of languor and debility, which have already been described. To counteract this, to bring the system up to the finest standard of health, and neutralize the effects of the venereal virus, the patient should be instructed to adopt all those means which are known to impart vigour to a depraved constitution. Foremost amongst these are temperate, yet generous and nutritious, diet, cod-liver oil, friction of the skin, and bathings, different kinds of out-of-door exercise, and especially, when it can be obtained, country and sea-side air. The effects of syphilis are much less severe in the country than in towns. Above all, the patient should be impressed

with the absolute necessity of a steady and prolonged perseverance in a proper course of medical treatment. Nothing but this will bring about ultimate immunity from the ravages of the venereal poison.

CASES OF SYPHILIS, ETC.

These cases, like those of gonorrhœa, appeared, with a few exceptions, in the first edition of this work. As, on the whole, they represent fairly the mode of treatment I still pursue, I have thought it best to retain them, and thus, without detracting from the practical utility of the work, saving myself the wearisome task of wading through my note-books for fresh cases. I may, however, remark here, as I have done in reference to gonorrhœa, that what change has taken place in my treatment has been towards the use of somewhat larger doses than were generally prescribed in the foregoing cases; and the results have been more certain and rapid. This applies both to *Mercurius solubilis* and *Kali hydriodicum*, but more especially to the latter. Indeed, in the exhibition of this medicine in syphilis, its beneficial action is often manifested only when a decidedly bulky dose—as much as ten grains three times a day—has been attained. It is well to commence the treatment with smaller doses—say from three to five grains—and gradually to increase the quantity, if necessary, until the curative dose is

reached. The practitioner should not be deterred from persevering in this course, by the symptoms of catarrh which sometimes attend upon the first few doses. At the most, they amount to no more than a slight annoyance; they are perfectly harmless, and subside altogether after two or three days, without discontinuing the medicine, or diminishing the quantity.

CASE 1.—*Irritation of Corona, and small Ulcers.*

July 8th.— —— Six days ago the glans penis and corona glandis became inflamed, swollen, and red. He applied zinc lotion and reduced the irritation, and now there is a series of small ulcers around the corona, deep in the centre, lardy, with red edges. Apply *Calendula* lotion and take *Acid. Nitric.* 2^{x}, gtt. x, ter die. He has had no connexion, except with his wife three days ago, since November.

13th.—The ulcers look well. Several glands in one groin a little enlarged. Continue treatment.

23rd.—Quite well in all respects. Continue.

This same patient consulted me for a similar attack about three months later, which yielded to the same treatment. He is one of those persons, occasionally met with, who have a constitutional, or an acquired, susceptibility to irritation of the genital organs. I have attended him for several attacks of gonorrhœa, and a recent attack of the kind was

complicated with inflammation of the tesicle. It is important not to confound such a case of non-syphilitic irritation and ulceration as the foregoing, with genuine chancre. The number and appearance of the ulcerations, the accompanying irritation of the membrane on which they are placed, and other circumstances connected with the history of the case, will generally enable the surgeon to arrive at a correct diagnosis. They yield admirably to *Nitric Acid, Mercurius corrosivus* and *solubilis*, and *Calendula lotion.*

CASE II.—*Simple Soft Chancre, cured by Mercurius solubilis.*

February 21st.— ——Intercourse a month since; noticed no ill effects until a week ago. There are now three soft, lardy, chancres on the prepuce.

Mer. solub. 1x. gr, ij, ter die.

27th.—The ulcers all but quite gone; one quite healed, the others nearly filled up. Continue medicine.

March 21st.—Perfectly well.

CASE III.—*Soft Chancre.*

April 6th.— ——Contracted chancre a week since. There is a large, soft, lardaceous ulcer by the side of the frænum preputii, and a slight enlargement of an inguinal gland on the left side.

Take *Merc. solub.* 2x, gr. iij, ter die.

13th.—Ulcer spreading somewhat. Continue.

20th.—Wonderfully better; ulcer clear, red, and granulating. Continue.

29th.—Healing over beautifully. The gland in groin, well.

Case IV.—*Soft Chancre, cured with Nitric Acid.*

September 2nd.— ——Has a spreading, superficial ulcer on the under surface of the foreskin, with everted edges, a little, though not specifically, hardened. Has been well mercurialized for what he was told was herpes.

Take *Acidum Nitricum* 2^{x}, gtt. x, ter die.

17th.—Doing remarkably well. Continue medicine.

24th.—The ulcer quite healed. A little thickening of the membrane remains. Continue. An ulcer on the inner side of the lower lip. Touch it with caustic.

October 2nd.—Quite well.

Case V.—*Several Soft Chancres.*

June 3rd.— ——Intercourse five days since. Four or five small superficial ulcers on the prepuce and glans, with considerable irritation of the part. Dressing the places with dry lint. Their character being somewhat doubtful, to have *Mercurius corrosivus* pilule 3^{x}, ter die, and apply cold-water dressing.

25th.—The ulcers deeper, painful, and lardy; true chancres.

Take *Mer. sol.* 2^{x}, gr. iij, ter die.

29th.—The ulcers, though still rather white at the bottom, are doing well; less irritable. Continue medicine.

July 4th.—Two of the ulcers healed. The others clean and healthy. Continue medicine and apply *Calendula* lotion.

16th.—The ulcers quite filled up, and skinning over. Continue medicine. Cured.

Case VI.—*Chancre in Female.*

February 29th.— ——Three days an ulcer high up between the labia, on the left side, about the size of a sixpence, soft and lardy; the labium swollen.

Take *Merc. sol.* 2^{x}, gr, iij, ter die.

August 3rd.—Much the same.

9th.—The smallest portion only of the sore not skinned over. Continue medicine.

19th.—Quite well.

Case VII.—*Soft Chancre and Bubo.*

October 15th.— ——, æt. 23. Had connexion three months ago, and not since. Noticed nothing until a month ago; then, a little ulcerated spot appeared by the side of the frænum preputii, which has gradually increased to its present size, about as large as a threepenny-piece. Its base is lardy, its edges raised and red, and the parts around it are inflamed and swollen. There is no specific induration. He has had no treatment beyond the application of cold water to the part.

Take *Acid. Nitric.*, 1^{x}, gtt. v, ter die.

25th.—Very great improvement. The ulcer nearly level with the surrounding skin, and granulating healthily, and the inflammation of the foreskin has subsided. Continue *Acid. Nitric.*

November 2nd.—Not nearly so well. The ulcer more open and angry looking. A gland in the groin has enlarged, and is painful.

Merc. sol. 2^{x}, gr. ij, ter die.

8th.—Gland enlarging. Chancre much better. Continue.

15th.—Opened the bubo. Continue.

20th.—Doing remarkably well. Continue.

28th.—The wound in the groin looks unhealthy: edges everted, discharge thin, painful.

Take *Nitric Acid* as before, and apply *Calendula* lotion to the bubo.

29th.—Immediate amendment followed the change of treatment. The bubo is filling up admirably. The ulcer healing over. All irritation gone. Continue treatment.

December 18th.—Perfectly well.

This case is interesting on account of the length of time—two months—that elapsed between connexion and the outbreak of the disease; and also, as showing the excellent effect of *Calendula* in checking irritation, and favouring the healing process, in the bubo. I have noticed this in several other cases.

CASE VIII.—*Two Soft Chancres—Two Buboes.*

December 18th.— ——Three weeks, two chancres, one on each side of the frænum, with irritable edges and lardy bases; no hardness. A bubo in each groin, just ready to break.

He has been under allopathic treatment. Had a mixture and pills two days ago, and a lotion, and a white powder, which was applied yesterday, and now covers the glans penis.

To have *Mer. sol.* 2^{x}, gr. iij, ter die. *Calendula* lotion to the ulcers, and linseed-meal poultices to the groins.

31st.—One ulcer healed; the other much better. Opened one bubo. Continue treatment.

January 5th.—Opened the other bubo. Continue.

12th.—The ulcer healing favorably. The buboes looking healthy under *Calendula* dressing.

30th.—Quite well.

It is well known that the situation of the ulcer determines that of the bubo. The latter is always on the same side as the former. In this case, an ulcer on either side of the frænum, begat a bubo in each groin.

CASE IX.—*Soft Chancre, with Phimosis and Bubo.*

December 18th.— ——Five weeks a chancre at the junction of prepuce and glans penis. The foreskin is so firmly contracted that the ulcer cannot be seen. There is a red, inflamed bubo in one groin, which has been coming forward

the last week. He has been under treatment, and is told that he has had no *Mercury*.

To take *Mer. sol.* 2^{x}, gr. ij. ter die.

24th.—The penis is much better. The foreskin less swollen and tender; no discharge. Open the bubo, and order him to continue the same medicine.

January 1st.—The bubo doing well. The penis ditto.

15th.—The bubo healing under water dressing. The foreskin less swollen and contracted. He can with some little difficulty retract it, and the ulcer is found to have healed. From this time he dressed the bubo with *Calendula* lotion, as it was rather sluggish in healing, and recovered without any untoward symptom.

Case X.—*Bubo, after Soft Chancre.*

December 18th.— ——Coition seven weeks since. There was a superficial, ulcer-like excoriation on the outside of prepuce four weeks; never any hardness. He applied Zinc lotion, but took no medicine. There is now a scab firmly attached to the seat of ulcer. Eight days ago, a gland in the right groin became tender and swollen. There is now a bubo nearly ready to open.

Take *Mer. sol.* 2^{x}, gr. ij, bis die.

25th.—Opened the bubo. The scab separating from the chancre. Continue medicine.

28th.—The bubo doing well, The wound contracting and healing. The scab has fallen from the foreskin; no hardness left. Continue medicine, and apply *Calendula* lotion to the bubo.

January 4th.—Doing remarkably well. Continue.

16th.—The bubo healed. Continue, and cured.

CASE XI.—*Chancre—Large doses of Mercury ineffectual—Cured by Homœopathic doses.*

June 22nd.— ——This gentleman has had chancre five weeks. He has been under allopathic treatment, took *Mercury* to salivation, and used *Black wash* to no good purpose. There is a large, deep ulcer at the back of the corona glandis, and invading the prepuce. He is now applying lotion of *Liq. Opii sedat.*, and again taking *Mercurial pills* twice a day, having had *Nitric Acid* in the interval.

To omit the pills, and have *Merc. sol.*, 2^{x}, gr. iij, ter die.

29th.—Very much better. Part of the ulcer is granulating; the deepest part is still lardaceous. He feels very much better in health. Continue.

July 6th.—Healing very favorably. Continue.

13th.—Ulcer healing admirably. Continue medicine, which completed the cure.

This, like the previous case, is very interesting in a therapeutical point of view. It suggests three questions:

First. Did the large, allopathic doses of Mercury aggravate the disease and prevent the healing process?

Secondly. Was the cure owing to the reaction of that Mercury, after leaving it off? or,

Thirdly. Was it due to the action of the homœopathic treatment?

The answer must, I think, be in favour of the latter. The disease progressed under salivation.

The Nitric Acid, which antidotes the Mercury, did not arrest the ulcerative process, which still persisted under the second allopathic course of Mercury, and was only arrested, and the cure brought to a successful issue, by the small doses of the black oxide. Other cases of a like kind, that have occurred in my own practice, confirm this view of the matter.

CASE XII.—*Chancre—threatening Bubo—Warts.*

May 3rd.— —— Six weeks since contracted chancre. Understanding something of medicine, he touched it himself with caustic. Then took one-grain doses of *Iodide of Mercury*, which purged him. Then rubbed Mercurial ointment into his thighs for a week. Then took five-grain doses of *Hydr. c. Cretâ* three times a day. All this produced no perceptible effect on his system. The ulcer, after a while, nearly closed, but there still remained, at the above date, some hardness, and a tendency to warts, which were springing up near the frænum. Thinking he had had *Mercury* enough, I prescribed *Acid. Nitric.* 2^{x}, gtt. x, ter die, and *Calend.* lotion to the part.

21st.—The warts had nearly disappeared, but there was an open ulcer—a fresh one—by the side of the frænum preputii; a gland in the groin was enlarged and tender.

To have *Merc. sol.* 2^{x}, gr. ij, ter die.

June 6th.—The greatest amendment followed this treatment. The gland in the groin was well, the warts had disappeared, the ulcer had healed. Continue medicine a little longer. Cured.

This case was interesting as showing the good effect of *Acid. Nitric.* in checking warty growth, and as proving, like the previous case, that the exhibition of Mercury in large quantities does not always contra-indicate its use in homœopathic doses; nor apparently does it interfere with its curative action. Nevertheless, as a rule, Nitric Acid is the most appropriate medicine, under such circumstances.

CASE XIII.—*Simple Sloughing Phagedænic Chancre, &c.*

October 12th.— —— Impure intercourse ten days since; an ulcer appeared seven days after on the edge of the prepuce, and another at the root of the penis; the former is soft and lardaceous, the latter scabbed over.

To have *Merc. sol.* 1^{x}, gr. ij, ter die.

15th.—The ulcer on prepuce already looks a little cleaner, and the swelling and inflammation of prepuce less.

Merc. sol. 2^{x}, ter die.

22nd.—The swelling of prepuce gone, the ulcer filling up. The scab at the root of penis hard, but separating from the skin, as if healing underneath.

November 19th.—The ulcer all but perfectly healed over. The scab ditto. Continue medicine.

From that time, without assignable cause, the place at the base of the penis became unhealthy; it spread rapidly, became foul and sloughy at the bottom; gradually, another and another place became hard, then black, sloughed, and left a deep, foul ulcer, until at length, the whole root of

the penis was encircled with these foul ulcers, which threatened to amputate the organ, unless arrested in their progress. Being satisfied that they were of the nature of soft chancre, and having, therefore, no apprehension of secondary symptoms, I at once omitted the *Mercurius* and gave *Acid. Nitric.* 2ˣ, ten drops, every four hours, with nourishing diet and cod-liver oil. The patient to remain quiet and recumbent and to apply linseed-meal poultices to the ulcers. Under this treatment the destructive process was gradually arrested. The healing process, however, being very tardy, I again resumed the use of *Mercurius* in the form of iodide 1ˣ, gr. ij, night and morning, still continuing the *Acid. Nitric.* for some time longer in the middle of the day, and ultimately this was changed for *Kali hydriodicum.* The patient's health improved, (for he had become weak), the ulcers filled up, he resumed his occupation, and has suffered no inconvenience since.

This was an interesting, though exceedingly severe and obstinate, case. I could not account for the sudden accession of unfavorable symptoms, except on the score of intense mental anxiety, which the circumstances of the case unavoidably entailed upon him.

CASE XIV.— *Hard Chancres, and secondary Erythema, at the same time.*

July 12th.— —— Intercourse two months ago. One ulcer has existed five weeks. There are now two large, deep, foul, ulcers, eating down into the glans penis just by

the corona. The prepuce is much swollen, and there is almost strangulating paraphimosis. The bases of the ulcers are very hard. There is scarcely any discharge. He came to me a few days before the above date, complaining of lassitude, headache, loss of appetite, &c., but said nothing about the syphilis. Visiting me on the 12th, his body, from head to foot, was studded, almost as thickly as confluent smallpox, with secondary erythema. I at once saw its nature, and a single question and answer, explained the whole state of the case. The eruption was papular, and many of the spots were scaly. He still complained of the constitutional symptoms which often accompany the outbreak of these eruptions—headache, debility, anorexia, &c. He had also some soreness of the throat and a slight husky cough. He had undergone no treatment whatever for this complaint. I drew the foreskin forward, ordered *Lotio nigra* to be applied to the ulcers, and gave him *Merc. sol.* 2^{x}, gr. iij, ter die, to take internally.

18th.—Already amazingly better. The ulcers look clean and healthy, and are granulating. The eruption is fading fast. He is also better in health. Continue the treatment.

August 2nd.—The chancres have filled up and healed over. Continue the *Mer. sol.*

14th.—The rash much less prominent. Some hardness in the seat of the ulcers. He continued treatment for some time longer, taking ultimately the iodide instead of the oxide of *Mercury*. He got perfectly well, and has had no sign of a relapse.

CASE XV.—*Hard Chancre and Secondary Symptoms.*

February 10th.— —— Ten weeks since contracted what he was told by a medical gentleman whom he consulted in the country was "an excoriation" on the corona glandis. It was then quite soft. Ordered *Black wash*, but no medicine. The ulcer did not heal. Then, a fortnight from the first, it was burnt with caustic, and twice afterwards, the last time three weeks ago. There was no hardness before the caustic was applied. There is now a large chancre, as hard as a piece of leather, under the foreskin, and yet his medical attendant still persists that it is not syphilitic, and declines giving him any medicine.

To take *Mer. sol.* 1^{x}, gr. iij, ter die.

15th.—By report, the sore spreading and eating down into the penis. Continue the medicine.

It should have been stated that when he visited me on the 10th he had on the forehead and face, and other parts of the body, a great deal of papular eruption, some of the spots being covered with fine scurf. He had suffered some days previously with frontal headache, and a sense of immense weight on the top of it; he had also aching pains in his back.

22nd.—He visited me again, wonderfully better. The spots are much fainter, and the ulcer has filled up and nearly skinned over. Continue medicine.

March 20th.—Has continued the treatment for the last few days with the second decimal instead of the first. The ulcer is quite well; some hardness remains. The spots scarcely visible.

Merc. biniodid. 2^{x}, gr. iij, bis die.

April 1st.—Apparently well; some faint stains of the skin. Continue treatment, for safety sake, some time longer.

CASE XVI.—*Hard Chancre and Secondary Sore Throat.*

December 18th.— —— æt. 45. Has a small, hard chancre on the tip of the penis, involving the whole of the orifice of the urethra. The orifice is red and swollen, and covered with a hard kind of scab; there is no discharge. When grasped between the finger and thumb the part feels like a large pea in size and hardness.

Take *Merc. sol.* 1^{x}, gr. ij, ter die.

Under this treatment, with no variation, excepting that the second decimal was substituted for the first, the ulcer gradually cleaned, the leathery surface gave place to healthy granulations, the hardness gradually subsided, and on the 18th of January the wound had healed. He continued the medicine for some time longer. The glands in the groin were not enlarged, nor were there any signs of secondary symptoms, until one day he incautiously rode outside a cab without sufficient covering, and caught a severe cold, which resulted, two days later, in a sore throat, and much enlargement of the tonsils, which ulcerated at first superficially, and then deeply, and gave a good deal of trouble for three months or more. The tongue also, and the corners of the mouth, became inflamed and cracked.

He had *Kali hydriodicum* ϕ, gr. v, bis die; *Mer. biniodid.* 2^{x}, gr. iij, bis die; *Ol. Jecoris*, and caustic to the throat. The patient persisted, throughout the whole attack, in smoking, which in all cases of sore throat and affections of

the tongue and mouth, is a most pernicious habit, and should be scrupulously avoided.

CASE XVII.—*Hard Preputial and Urethral Chancres—Secondary Symptoms.*

August 22nd.— ——, æt. 24. Had impure intercourse a month since. The last week an ulcer, small, raised, and hard, on the frænum has made its appearance.

To take *Mer. sol.* 2^x, ter die, and *Calendula* lotion to be applied to the part.

28th.—The same. Continue.

September 4th.—The ulceration the same. Pain in micturition. General irritation of the penis. On opening the lips of the urethra a small, superficial ulcer on one side of the passage is detected. Little or no perceptible discharge from it. Continue medicine.

10th.—Ulcer healing; itching of the scalp; piles; several glands in groin enlarged and hard, like peas under the skin.

20th.—The ulcer on penis healing fast; a papular eruption has broke out all over the body, chiefly on the abdomen; very little, and faint-coloured, on the face.

Take *Sulphur*, pilule, 3^x, o. n. Continue *Mer. sol.*

30th.—The ulcer on penis healed; that in the urethra clean and healthy, but not healed. The eruption has nearly disappeared. The skin of the scalp has become dry and scurfy, and the hair falls off. The sides of the tongue red, sore, and cracked.

Merc. biniodid. 2^x, gr. ij, ter die. Touch ulcer in urethra with caustic.

The case has been thus far detailed in order to

show the sequence of the symptoms. From this date there was no fresh outbreak; on the contrary, the symptoms gradually, though slowly, receded. The ulcer on the penis healed; the hardness in the cicatrix of the older ulcer disappeared; the hair ceased to fall off. The tongue, being touched once a week with caustic, healed; and the general health, which, as commonly happens under constitutional syphilis, had flagged, became re-established; and at the end of six months from the commencement of the attack, he was able to leave off treatment. He continued the *Mer. biniodid.* during the greater portion of the time. He had also *Tinct. Iodium* 2^{x}, gtt. v, bis die; subsequently *Kali hydriodicum* ϕ, gr. iij, bis die; and lastly, for a month, *Decoct. Sarzæ comp.*, bis die, and *Ol. Jecoris.*

Case XVIII.—*Hard Elevated Chancre (Ulcus elevatum), with Secondary Symptoms.*

July.— ——Coition ten days ago. A chancre on the outer edge of the foreskin four days, and another on the scrotum, where the penis touched and inoculated it. The ulcers were superficial, but the subjacent tissues were hard.

He was immediately put under *Mer. sol.* 2^{x}, gr. iij, ter die.

The ulcers continued to spread during the next week, and became, especially that on the foreskin, completely

elevated above the surrounding surface, on a broad flat, hard platform, as it were, of thickened skin and cellular tissue, and the whole adjacent parts of the foreskin were swollen and red.

The thickened mass remained throughout the whole attack, and did not subside until some time after the ulcers had healed. The same treatment, with variations in the potency of the medicines, was continued until the cure was completed.

Slight secondary erythematous eruption on the wrists and scrotum, with redness, and one ulcer in the throat, were the only constitutional symptoms that appeared. For these he took the *Biniodide of Merc.* and *Kali hydriodicum*, and soon got well.

Case XIX.—*Secondary Chancre, Erythema, and Sore Throat.*

March 4th.— ——, æt. 26. Has had three chancres, at intervals. After the third, eighteen months ago, he had secondary symptoms in the form of sore throat, and at intervals of three months he has had secondary chancre, and there is now a large, hard-based, deep chancre along the under part of the glans penis and frænum. He has had no sexual intercourse since September. This ulcer has existed since Christmas (ten weeks). There is also sore throat; it is red, and discharging a good deal of mucus. There are also obstinate, itching, pimples on the hairy scalp. He has been under homœopathic treatment during the last five weeks or more. He does not know what medicines he took. It was, however, a clear mixture, and had no effect whatever on the complaint.

Take *Mercur. sol.* 2^x, ter die. *Lotio Calend.* to the sore.

11th.—The ulcer filling up; it is very hard. The frænum is thick and hard, and the prepuce is swollen and covered with eczematous spots. The face is also covered with spots. Throat still sore.

Mer. p.-iodid. 2^x, ter die.

19th.—The ulcer filling up satisfactorily; the head is much better. *Mercur. proto-iodid.*, as before.

29th.—Wonderfully better; the eruption almost entirely disappeared.

April 5th.—The ulcer filled up and healed over, and throwing off a scaly epidermis. There is still a good deal of hardness in the part. The swelling of the prepuce has subsided. Continue.

It is unnecessary to pursue the history of this case any further in detail. From this time he continued the treatment with two-grain doses of the biniodide of *Mercury*, in the second decimal dilution, three times a day, and left my care perfectly well.

This was a very interesting case. Ricord and other experienced observers lay it down as a rule, that whilst the same person may have a *relapse* of secondary symptoms, and the site of an old hard ulcer may again become sore, yet that he cannot a second time, *de novo*, develop indurated chancre and secondary symptoms; in other words, that the first inoculation protects the individual against subsequent infection of the same kind. The foregoing case would therefore appear—if the statement of the

patient can be credited—to be an unusually distinct and well-marked instance of relapsing chancre, and secondary sore throat, and skin disease.

The ulcer presented all the characteristics of true Hunterian chancre. The results of the treatment are also interesting, as showing the excellent effects of the second decimal preparations of *Mercurius*, after other homœopathic remedies had been given, probably in higher dilutions, fruitlessly, for five weeks.

Case XX.—*Secondary Sore Throat.*

March 13th.— ——Five months since had chancre, a soft one, he thinks. He had much *Mercury*, his mouth was made sore, and the action was kept up for some time. Three months later he had sore throat and a few pimples on the penis. The latter went away. The throat was bad nearly a month. He took a good deal of medicine—*Sarsaparilla* and *Iodide of Potash*—and was better until recently. The throat is again red and inflamed, and is evidently syphilitic; no ulceration.

To take *Apis* 3^{x} three times a day, and *Cod-liver oil* every night.

24th.—The throat is wonderfully better; indeed, well. Continue medicine twice a day, for a few days longer.

30th.—Throat still perfectly well; he has an ulcer on the inside of the lower lip.

Touch it with caustic, and take *Lachesis* 6^{x} twice a day. I saw no more of this patient.

Case XXI.—*Secondary Sore Throat.*

February 4th.— ——This gentleman had chancre in June, at the junction of the foreskin and the corona. It was hard from the first. He had *Mercury* internally to slight salivation; mercurial ointment to the wound. The sore healed in a fortnight, the hardness remaining till December. The glands in the groin became slightly enlarged and hard, but there was no bubo. He had spots on the forehead, and faint copper-coloured spots on the arms; and now the throat, embracing the entire arch and uvula and the tonsils, is inflamed, swollen, and intensely red. The tonsils are excavated by deep, jagged ulcers. He has great pain and difficulty in swallowing, has headache, and feels otherwise ill and languid. He has been under allopathic treatment till the last ten days, using gargles and taking *Iodide of Potash*, and has had much *Sarsaparilla*. The face is rough and spotty.

To take *Aconite* and *Belladonna* of the 3^{x} potency, alternately, every six hours, and *Cod-liver oil* every night.

March 3rd.—The throat less intensely inflamed.

Take *Merc. iodid.* 2^{x}, gr. ij, ter die. The ulcers touched with caustic.

11th.—Very much better indeed, especially the throat; the ulcers look clean and granulating, and the redness has much abated. Continue medicine and caustic.

24th.—Throat not quite so well; the face is quite clear. Continue, and caustic.

April 8th.—Caustic, and *Acid. Nitric.* 2^{x}, gtt. x, ter die.

12th.—The throat of normal colour; the ulcers filling up rapidly; indeed, it looks all but well. Continue, and caustic.

The same treatment was continued for some time longer, the tonsils being touched with caustic every third day. I have found this to be the best application in these cases of deep ulcers of the tonsils. In the solid form it is very manageable, and can be applied to the bottom of the ulcers. About once in three days is often enough to use it.

Case XXII.—*Secondary Syphilis.*

July 13th.— —— This gentleman states that he had chancre, a hard one, nine months ago. It lasted a long while, and was difficult to heal. He took *Mercury* to salivation. He had secondary sore throat, an ulcerated spot on the tongue, and some copper-coloured, scaly spots on the forehead. Some of these remain. The chancre never thoroughly healed over; the place is still red, and the skin not strong, it easily gives way, and the frænum, also, is red and thick. The scrotum has several eczematous spots on it.

Take *Arsenicum* 3^{x} three times a day, and *Cod-liver oil* every night, and apply *Calendula* lotion to penis.

August 2nd.—Better; still some hardness on the frænum; scrotum clearer; spots on forehead paler. Continue the same treatment.

20th.—Much the same; some brown spots on the legs.

Mer. iod. 2^{x}, bis die.

From this date up to the end of the year he continued to take the iodide in different dilutions with steadily progressive benefit. The spots on the face entirely disappeared, and also from the scrotum, and those on the leg subsided to a mere discoloration, the skin being of normal texture. He

continued to take the oil for a longer period still; his health became good; all the hardness of the frænum went away, and he has had no return of any of the symptoms.

CASE XXIII.—*Secondary Symptoms, communicated.*

April 2nd.— —— This lady has been married four months, and is three months gone in the family way. Her husband states that he had a hard chancre in autumn, which healed, and between that event and the breaking out of secondary symptoms, he got married. He is now under treatment for these symptoms, which are vividly manifest on his face in the form of irregular, red rings.

His wife, the subject of this case, had swelling of one of the labia and great itching of the part, there being, according to her statement, no open sore. Subsequently, a gland in the groin became enlarged; to this succeeded an eruption of faint spots over the body, together with sore throat. For these symptoms she consulted me, and having had no previous treatment, I prescribed *Merc. solub.* 2^x, gr. v, ter die, which medicine she continued until the 19th, when the spots had nearly all disappeared. But the throat was no better, the tonsils being greatly enlarged, jagged, and ulcerated. I touched them with caustic, and ordered her to take *Mer. biniod.* 2^x, gr. ij, bis die, and *Cod-liver oil.* She continued this treatment for some time, following the biniodide with *Kali hydriodicum*, and ultimately got pretty well before her confinement.

The mode in which the disease was in this case communicated from the husband to the wife, is an

interesting question. I had no opportunity of ascertaining the result of her accouchement—whether or not the child was infected.

Case XXIV.—*Secondary Syphilitic Iritis.*

October 19th.— ——, æt. 31. He had contracted chancre some months previously, and was treated allopathically with large doses of *Mercury*. It had been followed by secondary skin eruptions, and these by iritis, for which he took *Bell.*, *Merc.*, and other remedies prescribed by a colleague, and had *Belladonna* applied to the brow. The active symptoms were a good deal subdued when he visited me. The iris, however, was still irregular and discoloured, and the sclerotic red and inflamed. There was some hardness and redness remaining on the site of the ulcer on the penis. There was, also, enlargement and superficial ulceration of the tonsils. His health was not good. He had been living rather low, and was not of robust constitution.

To take *Tinct. Arsen.* 3^{x}, gtt. v, ter die, and *Cod-liver oil*, and drop a solution of *Sulphate of Atropine* into the eye every night.

23rd.—The change for the better was very great. There was scarcely a tinge of redness of the eye remaining. Continue medicine.

28th.—The eye all but well. The throat much better also. From this time his amendment was uninterrupted. After a month's residence by the seaside he returned home, apparently quite restored. Some months afterwards there was a slight return of constitutional symptoms, but not of the eye disease.

This case is an interesting example of the effects of *Arsenic* in syphilitic iritis. The patient had already taken *Mercurius* when he consulted me, and the more active symptoms were subdued. But for this, I should certainly have prescribed *Mer. sol.*, which is by far the most certain and active medicine in these cases.

CASE XXV.—*Syphilitic Ophthalmia, cured by Merc. sol. alone.*

May 5th, 1873.—A. B—, a small, spare, and wiry man, with great moral courage, and a certain indifference to physical ailments. Eight years ago had primary syphilis, and off and on ever since, has suffered from secondary and tertiary symptoms, chiefly affecting the throat and nose, from which latter organ three pieces of bone have, at intervals, been detached, and lately the disease has reappeared in the same situation.

His left eye having become painful and inflamed, he, about three weeks before the above date, sought the advice of a colleague, who prescribed *Belladonna* and *Merc. corros.* in different dilutions, for a fortnight, and then *Kali hydriodicum*, but with no beneficial effect; on the contrary, the disease progressed, and when I saw him had reached a very aggravated form. The intolerance of light was extreme, the pain in the eye and neighbouring regions was severe, the conjunctiva was intensely red, and the inflammation invaded the cornea, giving it a murky appearance, and causing complete obscuration of vision. There was, also, a most offensive discharge from the nose.

The previous medicines having had a fair trial and failed, I determined, without further delay, to resort to *Merc. sol.*, and ordered ten grains of the second decimal to be taken four times a day.

The effect was almost magical. When he repeated his visit, on the fourth day after commencing the medicine, the improvement was very striking. The pain had entirely ceased, the eye was much paler, and his sight was to a great degree restored. He repeated his visits on the 14th, 19th, and 26th. The same treatment was continued throughout, the amendment was rapid and uninterrupted, and on the last-mentioned date the report is, that "his eye is bright and clear."

On the 9th of June he resumed his business.

The case may be regarded as a brilliant example of the effect of *Mercurius solubilis* in syphilitic ophthalmia, and as confirmatory of a previous statement, that it is, in some cases at least, the only medicine required.

CASE XXVI.—*Syphilitic Ophthalmia cured by Merc. sol.*

Dec. 10th, 1873.—C. D—, æt. 40. Had chancre eighteen months since, with secondary symptoms immediately afterwards. These have never thoroughly left him. He has ulcers on the sides of the tongue from time to time, and enlarged and jagged tonsils, which have given him a good deal of trouble. His hair falls off, and there are small nodules on the scalp. His general health is not good. He feels weak, and is easily fatigued.

A fortnight since, he was seized with weakness of the right eye. He applied to a surgeon, who prescribed a lotion and some medicine, but asked him no questions about syphilis. The eye continued to get worse, and now, on his first visit to me, it is intensely red. There is a copious discharge of tears, but not much pain either in the eye or around it. The iris is not affected. To wear a shade, and take *Merc. sol.* 2^x, gr. x, quatuor in dies.

Immediate amendment followed the exhibition of this medicine, and without any variation in the treatment he got perfectly well in twelve days.

That this was a case of genuine syphilitic ophthalmia I have no doubt. I base this opinion on the conjunction of the attack with other syphilitic symptoms, on the absence of rheumatic symptoms, and on its ready yielding to *Mercurius solubilis,* after other treatment directed against ordinary ophthalmia, continued for a space of ten days, had failed to impress it.

CASE XXVII.—*Blindness from syphilitic disease of the orbit.* (Reported by a colleague.)

Mr. F—, æt. 35, married; sanguine temperament. Since marriage has apparently devoted himself with too much assiduity to his profession of music.

Has applied for advice for neuralgia of some days' standing, and presented these symptoms:

March 12th.—A bruised sore feeling all round the eyeball in the socket of the right eye, much increased on pressure. Sharp dartings, as if an arrow shot through the eyeball, and then right through the left side of the head. Also a dull heavy ache in the right temple, and in a line running backwards to occiput from middle of the vertex. Dim sight, mistiness around music or writing, eye soon fatigued. Complete loss of smell, with dryness of the nostrils. Taste deficient and perverted, as of decayed or bad nuts, at times. Tongue, slight fur, pale, anæmic. Bowels confined, urine dark. Skin cool, harsh, and very dry.

On close questioning admits having contracted a chancre some fifteen years ago or so, a small hard one, which was soon cured under allopathic treatment, and does not remember having had secondaries at all; in fact, he thinks it was too slight to have any influence in producing present ailment.

Viewing the case, then, as one of neuralgia dependent upon torpid liver and general debility, he was treated with a number of medicines, such as *Podophyllin, Bry., Gelseminum, Phosphate of Strychnia, Arsenicum, Phosphorus, Chininum, Sulphuricum, Spigelia, Nitro-muriatic acid,* and *Taraxacum* in alternation, with baths and *Cod-liver oil,* but with only partial improvement of the general health; the pain in the eye becoming so severe as to demand such palliatives as *Chlorodyne* and *Nepenthe* to procure some sleep, and even a hop-pillow, and the eyeball itself protruding out of the socket and remaining motionless, with a sort of fixed and vacant stare, the upper eyelid being unable to close over it.

A very eminent oculist was now consulted, who pronounced a very unfavorable opinion, and considered it a case of syphilitic periostitis of the orbit, producing pressure on the optic nerve. His treatment was of no benefit, however,

and at last the patient was recommended to consult Dr. Yeldham, who confirmed the oculist's opinion as to the state of the case, but gave a better prognosis, and prescribed *Merc. solubilis*, ten-grain doses, night and morning, with *Kali hydriodicum*, five-grain doses, three times a day, with decoction of *Sarsaparilla*.

In a few days after commencing this course improvement began. The pain greatly abated, so much so that he was able to give up his *Nepenthe* and got sleep; the bowels, which had been very much constipated, acted copiously, and his appetite improved. The dose of *Mercurius* was then reduced to five grains night and morning, and the *Kali Hydriod.* and *Sarzæ* continued.

June 13th.—Reported himself altogether better; no pains in head or face at all, and not any return of it since taking Dr. Yeldham's prescriptions; scalp is breaking out into eczema and mealy scurf. Right eye brighter, normal colour, and much less protruded, but finds it difficult to look with sound eye without covering the affected one, which has, however, regained some motion. Sight not improved, no vision in it at all. Tongue clean, but pale; is weak and bowels act scantily, stools drab clayey; slight rheumatism in shoulders, loins and knees. Ordered to omit *Merc. sol.* now and take *Sulphur* 1^{x} trit., x gr. at bedtime, vj powders, and take *Kali Hydriod.* in *Decoct. Cinchonæ* instead of *Sarsaparilla*.

June 24th.—Looks vastly better; eye quite bright, moves readily, only a slight protrusion now, and when turning eye downwards and inwards, gets a sudden sharp dart through the ball from above downwards, as if something was pressing on the ball above in the socket. Eczema on scalp still a little, tongue better colour. Bowels regular. Patient seen since that date, exhibits nothing amiss in the

right eye, and has no pain at all, though no vision as yet. Able to perform his work quite satisfactorily.

CASE XXVIII.—*Syphilitic Cachexia—Sore Throat—Ulcerated Glands—Nodes—Laryngitis.*

July 30th.— ——, æt. 24. Got into a horrible state of syphilitic disease in a hot climate, a year ago. Took a little *Mercury* six months ago. The sore healed. He got cold; ulcerated sore throat followed. The glands in the neck swelled, and there are now three open ulcers on the right side of the neck, and some under the chin, deep, with sloughy bases, jagged, sharp edges, and discharging ichorous matter. The throat is sore and ulcerated; the disease involving the larynx, and causing him to speak in a hoarse, subdued voice. His general health is fearfully depressed; he has quick, small pulse; night sweats; no appetite; tongue foul; much emaciated.

Take *Nitric Acid*, gtt. x, ter die, *Cod-liver oil*, and apply *Calendula* lotion to the wounds in the neck. Live well; drink stout.

The foregoing statement is given to show the patient's condition. It is not my intention to give the details of the treatment, which necessarily, in such a case, extended over a considerable period. Suffice it to say that he began to mend immediately, he was considerably better in every respect at the end of the first fortnight, and he continued to improve. He had subsequently *Iodide*

of Iron, Iodide of Potash, and *Sarsaparilla,* and, after a sojourn at the seaside, was sufficiently restored to engage in a light occupation. His health has remained tolerable ever since, but not so strong as previously.

Case XXIX.—*Tertiary Node—Previous Bubo.*

March 20th.— ——, æt. 25. Five years ago had chancre. He thinks it was hard; he took *Mercurial* pills until slight salivation was produced. He had bubo whilst the sore existed, which gradually ripened, and was opened too soon. It closed, and the second time there was matter; not the first time. It healed after a while. He had spots on the skin some time afterwards, and there are slight stains on the forehead remaining. One side of the tongue is ulcerated in places. During the last six months there has existed a node on the inner side of the right tibia, about two and a half inches long and an inch wide. He paints it with *Iodine,* and has taken a good deal of *Sarsaparilla* and *Iodide of Potash.* They disagreed with him, and he has discontinued them. The node is hard, and not tender to outward pressure.

Take *Silic.*, trit. 3^{x}, gr. iij, bis die. *Caustic* to tongue.

April 3rd.—He has had pains in the shin-bones, in both legs, at night, commencing in the node. *Aur. Met.* 2^{x}, gr. iij, bis die.

10th.—The leg having the node has been perfectly easy. The other leg has aching pains in the outer side, deep down amongst the muscles, which are tender. The pain is worse

in the warmth of bed, and on coming from the cold air into a warm room. The node seems better.

Take *Tinct. Mezereum* 1^{x}, gtt. v, bis die.

Assuming, from the unmistakable appearance of secondary and tertiary symptoms, that this case was one of hard chancre, it presents an exception to the general rule, that *suppurating* bubo does not result from indurated chancre.

CASE XXX.—*Tertiary Node, probably Urethral Chancre, mistaken for Gonorrhœa.*

November 16th.— ——, æt. 32. Seven years ago had what was regarded as a case of gonorrhœa—a discharge from the urethra—and was treated accordingly. Never had a sore on his penis, nor any other sign of primary syphilis. Yet, following the discharge, he had spots on his skin (and, indeed, has several patches of psoriasis on his legs now), sore throat, which lasted three months, and nodes on his shins. He took large quantities of *Sarsaparilla* and *Iodide of Potash* for these symptoms, and for several years has enjoyed pretty good health. During the last two months there has been a swelling gradually rising on the ulnar of the left arm, at about its middle. It is hard, nearly round, and measures about two inches across. It impedes the movements of the limb somewhat, but causes no pain. His general health is good.

To take *Silicea trit.* 3^{x}, gr. iij, bis die. He continued this medicine steadily (on one occasion, only, having *Calcarea*

instead), for six months, and under its action the swelling gradually decreased. Some irregularity to the touch, on passing the finger over the diseased part, remains.

This was, doubtless, originally a case of urethral chancre, the discharge from which was mistaken for gonorrhœa; for though formerly an opinion, based upon such cases as this, prevailed, that syphilis and gonorrhœa were essentially one and the same disease, later observation has clearly established the fact, that secondary syphilis does never result from gonorrhœa, and that cases supposed to be of such a nature were, in reality, improperly diagnosed cases of chancre, hidden in the urethra.

Case XXXI.—*Tertiary Affection of the Testicle.*

December 14th.— ——, æt. 33. Six years ago had chancre, followed by secondary eruption, viz. scaly, except on the penis. After a while the left testis became large, and has been so, off and on, ever since, always remaining larger than natural. It has caused no suffering with the exception of a disagreeable pulling, from its weight.

Take, first, *Graphites* 3^{x}, bis die, for a month, then *Lycopodium* in the same manner; Cod-liver oil every night. Support the testicle in a suspensory bandage, as heretofore.

March 5th.—Great deal better. The organ smaller than it has been for years, and more comfortable. Continue.

April 24th. Visits me from the country, to report himself still improving. On examining the testes, they are found to be of normal size, the affected one differing from the other only in the presence of a small, hard, tubercular elevation on its outer side, about the size of half a split pea.

In this case the result of the treatment was all that could be desired. In some subsequent cases, in which the same remedies were used, the results were less satisfactory. Latterly, I have prescribed *Mer. Bin.*, in most cases with excellent results.

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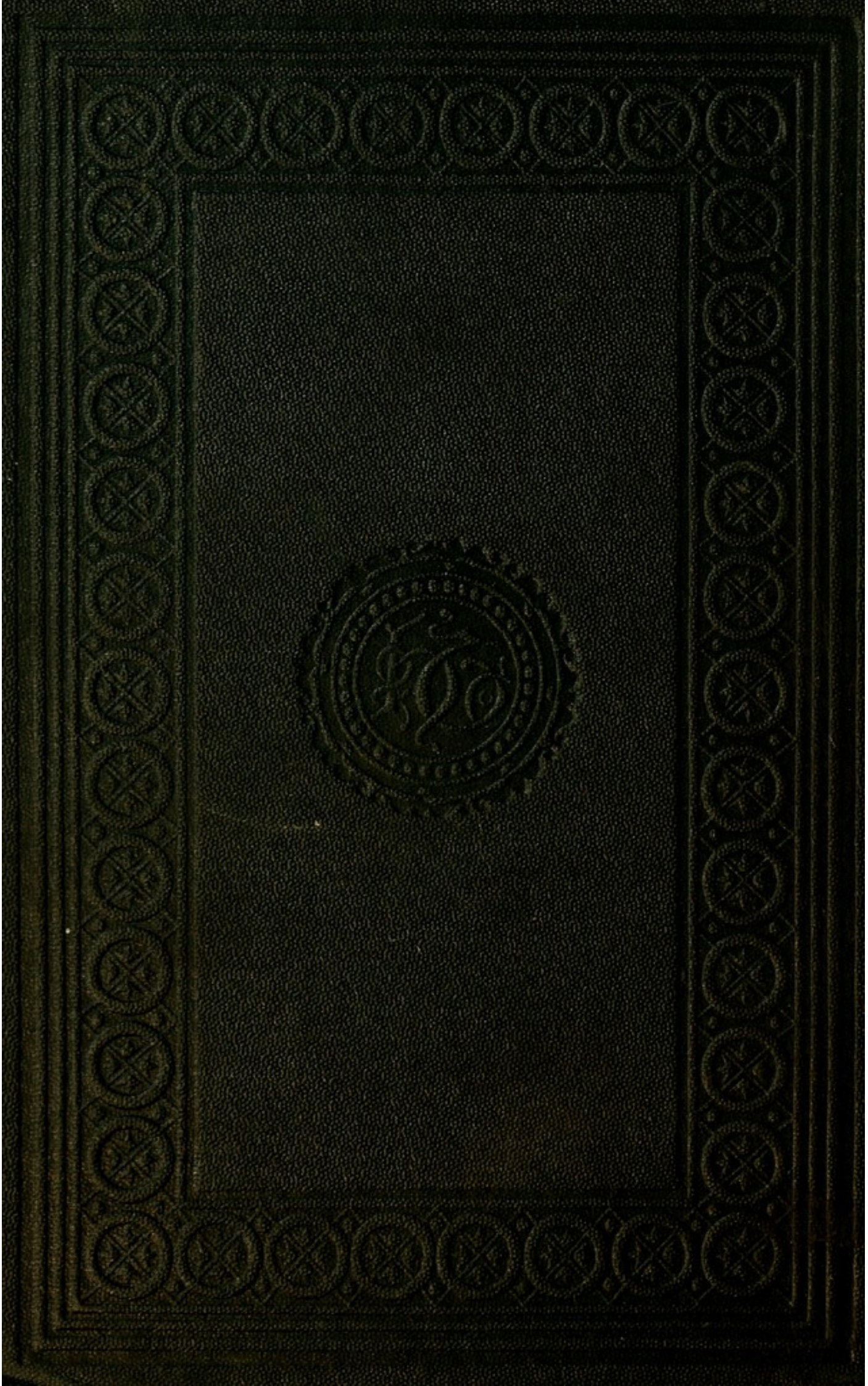
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